

DDGazette

YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues



Covid-19

Preparing your business for post-COVID success - Page 1

Dispex Tutorials- See pages 6-9

Welcome to the March edition and to the positive news that we are progressing down the 'road to recovery'. We are all looking forward to restrictions being lifted and being able to resume the lives we took for granted. Will we accept our liberty with a flourish and be dancing in the streets? No doubt many may, but there will be others who will be more cautious and take longer to adjust.

Change of any kind is received in different ways, whether this is personal, work related or, it would seem, global! An alternative way of performing tasks takes us out of our comfort zone, we may resist and question the need for it, we may take time to adjust and accept it.

However, change often brings a fresh outlook and a new perspective, it helps us reconsider and realise that change is often inevitable, whether that is for the individual, the team, the company or even, the country?

What has been achieved over the past year will be reflected upon, but one thing is for certain - it will have affected us all in some form.

Looking forward, what changes have been made in your practice and dispensary, which processes have been altered, what has been introduced, how have things improved, what has been learned?

What can still be changed, as we know now that we can do it!

Jane Norrey

Dispex Training and Sales Manager

The Dispensary Gazette

Dispex Ltd
PO Box 6717,
Northampton,
NN7 3YN

Telephone: 01604 859000
Advertising: sales@dispex.net
Website: www.dispex.net

Design and Marketing Contributor

Claudy Rodhouse

Editorial Contributor

Jane Norrey

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Preparing your business for post-COVID success with Dispex

You're invited to our free webinar on how to prepare your business for post-COVID success hosted by Dispex and presented by experts from Peninsula, the UK's largest HR and employment law consultancy.

Who's it for?

Business owners and HR professionals looking to protect their people and get the best from their businesses in 2021.

A lot has changed in the past year, Employment Law and Health & Safety is no different having seen more than its fair share of updates. With the challenges caused by the pandemic you may not have seen all of these important changes, so during this briefing we will bring you fully up to date.

You may have missed The **Good Work Plan** which came in to effect on 6th April 2020, this was seen as the biggest change of Employment rights in the last 40 years. We will look at the requirement to revise, amend or introduce policies and procedures whilst strengthening the practice and remaining compliant, but also answering the questions "**How do I make these changes in a fair and legal way to ensure compliance?**" and "**Can I change an BMA contract?**"

During the pandemic the number of employee's suffering with mental health issues have increased greatly. We will explore your duty of care to employees and with the sudden rise of employees claiming under **Section 44 of the Employment Rights Act**, what are the implications on the practices' Health & Safety responsibilities with dealing with a refusal to attend the workplace?

Lastly we aim to answer the most frequently asked questions: **How long can my staff roll over their holiday for?** Can I "enforce holiday"? Can I request details of my employees vaccination? **Can I refuse work if my employee hasn't been vaccinated?**

The event is completely free to attend, but spaces are limited, so please book your place now to avoid missing out!

DATE: 27TH APRIL
TIME: 13:00-14:15PM
Free to attend

CLICK HERE TO BOOK

Call: 0844 892 2771

or

Email: events@peninsula-uk.com & quote 46437D

How to prepare your business for Post-COVID success?

Understand how to:

- .Update & introduce your employee policies and procedures to remain compliant
- .Comply with The Good Work Plan-The biggest Employment law change in 40years
- .Understand the changing BMA contracts
- .Follow your Duty of care-Employee wellbeing and Mental Health during the pandemic
- .Manage job description changes during the pandemic
- .The rules surrounding COVID vaccinations -your rights in the workplace
- .Abide by the Annual leave policies-Holiday enforcement rules
- .Deal with an employee's refusal to attend the workplace-Section 44 of the Employment Rights Act

Date: Tuesday 27th April 2021

Time:13:00PM-14:15PM



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.

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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!!

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

GPs

Treating COPD during the coronavirus pandemic

Source: [MIMS](#)

During these extraordinary times, caring for patients with COPD presents a particular challenge, as they are at a higher risk of severe complications if they get COVID19. 1 Exacerbations of COPD are associated with increased rates of morbidity and hospitalisation, along with likely progression of the condition.2 The main symptom of exacerbations is increased dyspnoea, which is often accompanied by increased sputum production and purulence, increased cough and wheeze.2

Patients with COPD should be advised to avoid the risk factors that increase their chance of experiencing exacerbations, particularly smoking.2,3 Winter sees the greatest risk of COPD exacerbations, likely due to the increased likelihood of respiratory infections in cold temperatures.4 Where possible avoiding infection with viruses is also key, particularly as patients with COPD are at increased risk of severe illness if they contract COVID-19.5 Patients should be reminded to follow infection control measures in line with the government's coronavirus guidance. They should be up to date with influenza and pneumococcal vaccinations.6

To reduce the risk of COVID-19 infection, face-to-face contact with patients should be minimised by carrying out remote consultations wherever possible via telephone, video or email.5 Telephone triage can be helpful for making quick decisions that do not require a lot of information but video consultations are often preferable, particularly when reviewing or assessing patients.7 Video calls enable healthcare professionals to assess a patient's inhaler technique, and prescribe an alternative device if necessary to optimise their bronchodilator therapy.3

Patients may feel particularly anxious about COVID-19, and loneliness from long periods of isolation and social distancing is common, so it is also important to assess and manage their mental health and wellbeing at every interaction.5

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As we approach a crossroads in General Practice and many GPs who had a special interest in Dispensing are retiring, the next generation of Dispensing GPs are feeling vulnerable and ill-prepared to take over the running of their dispensaries.

We have therefore written a simple guide to dispensing for the uninitiated. This is not a comprehensive document and many issues to do with dispensing have not been covered.

With the information below, we hope you will have a better understanding of the business aspect of ensuring a profitable dispensary, and so ensuring the high service levels that most rural practices provide to their patients.

Before we get down the nuts and bolts, it is imperative to reiterate that when prescribing, all prescribers should follow the mantra of Patient First and Foremost. After that you will need to look at what is good for the NHS and what is good for the practice. Sometimes, what is good for CCGs, eg Branded Generics, is not good for the practices, and if Dispensing Doctors are forced to continue dispensing many items at a loss, the overall cost to the NHS will be vastly greater in the long term than the immediate savings the CCGs are focused on.

The Business of Dispensing

This can more easily be broken down into Income and Expenditure

Income:

The vast majority of Dispensing Income will come from the Prescription Service return which you receive each month.

- **Prescription Service Returns:** This return will reflect a number of factors relating to all the drugs you have dispensed and scripts you have sent to the Prescription Service, at the end of the previous month.
- **Basic Price** This is the price of drugs as per the DM+D
- **Dispensing fee** This is the amount paid per item sent to the PPD. Most drugs will earn one dispensing fee, but combinations might earn 2 eg. HRT. The Dispensing fee is negotiated annually and if the total amount of money paid in dispensing fees for all doctors exceeds the pot then the dispensing fee will be lowered. The Dispensing fee relates to the number of items per GP per month and is set in bands. All GP principals, whether partners, retainees or salaried GPs count as individual GPs for the purpose of calculating the Dispensing fee. Most practices try and even out the number of items per doctor. This can be done by allocating all bulk Vaccinations on the FP34D to the doctor with the least number of items that month.
- **Clawback** This is the amount deducted from the Basic price of ALL items. Dispensing doctors do not have a Zero-Discount (ZD) list. Most dispensing practices have the top rate of 11.18% taken off the total Basic price of each and every item.
- **PAs and VAT** The Prescription Service reimburses the VAT Equivalent on PAs that are deemed to be PAs according to the DM+D. The VAT is however reimbursed on the Basic price minus the Clawback. So you will get 20% of 88.82% of the Basic price. This equates to about 17.76% VAT equivalent and not 20%

- **Specials:** Section XI Specials are products listed in Section IX of the Drug Tariff and have a set reimbursement price. Most Specials companies will offer a discount on these products and there is great competition in the market, so shop around. In addition, if you endorse the Special "XP £20" on the left side of the script you will receive £20 per item. Unlisted Specials are products which are priced by the Specials manufacturers and you need to endorse the product with the supplier name and cost ex VAT. You will be reimbursed this cost minus 11.18%. You will also receive £20 per item if you endorse the product "XP £20".

Private prescriptions:

A small amount of income can be earned from Private prescriptions for a highly defined group of drugs which doctors are able to charge their own NHS patients. These include medications for Malaria prophylaxis and private prescriptions for Blacklisted drugs, as listed in Part XVII of the Drug Tariff.

These are drugs which are not prescribeable on the NHS.

You may either charge a Prescription fee for writing a private prescription, but not then dispense the item, or not charge a prescription fee, but dispense the item from your dispensary and add on a dispensing fee as well as a mark-up on the basic price of the drug. If you dispense a private prescription you MUST add VAT. Pharmacies do not charge VAT on their private prescriptions. There are no set fees that you may charge and the mark-up is up to each individual practice. You should however take into account the labour and packaging involved in the dispensing process.

Appliances:

Appliances listed in the Drug tariff Section XII will be reimbursed at their basic price minus 11.18%. Unlike pharmacy and appliance contractors, you will receive no additional payments for dispensing these products and you are unlikely to receive significant discounts from your suppliers. The two main Appliance suppliers, NWOS and Wardles both offer an Agency Scheme, whereby you act as an agent for them and send them the prescription for the appliances, which they then courier to you to hand or deliver to the patient. They will then pay an Agency fee per item. This ensures that you do not lose money on these items, which you are likely to do if you dispense them yourselves.

Expenditure:

Drug Expenditure

Ethicals:

Since the seismic shift of most Ethicals to Direct to Pharmacy (DTP) and Reduced Wholesaler Model (RWM), the discounts available to dispensing practices for Branded (Ethicals) medication has largely disappeared. On average drug companies now offer less than 5% Reduced Wholesaler Discount on their product portfolio. Remember, you are already having

11.18% taken off the Basic price. There are however still some Dispensing doctor friendly companies which do provide a greater discount on their products. Significant additional discounts (20% or greater) via Manufacturers Discount Schemes (MDS) are offered on selected products from the following companies: note that this is only on Selected products!

Chiesi
NAPP
Takeda ordered via Clarity
TEVA brands
Almirall
Alliance Healthcare
Orion
Ethypharm
GSK

Thornton & Ross
Glenmark
Cipla
AZ
Mylan
Aspire
Reckitt Benckiser
Menarini
Galen

Between AAH, Alliance and Phoenix you should be able to obtain most products. You can still get a basic wholesalers discount from these companies but it will only relate to non-RWM and DTP Ethical products and this Full Wholesalers Discount accounts for approximately 10% of all products in the Wholesalers portfolio. All Zero-discounted (ZDs) products, Controlled Drugs (CDs), Fridge items do not normally come with any discount, thus you are losing 11.18% on these items. You can still manage to break even on a number of these items, if you offset the Dispensing fee against the losses, but the higher the cost of the item, the greater the chance of making a loss. In general, if the basic price of an item is more than £18, and the item is zero-discounted, you will be dispensing that item at a loss.

Generics: Generics will make up the majority of your purchases by volume. Since higher volume molecules have been coming off patent, generic costs make up almost 30% of the total wholesaler's bill. Shopping around for generics on cost alone can prove fruitful. If however you wish to maintain continuity of generics supplier, then you may have to weigh up cost versus continuity. There are quite a number of Generics suppliers, all of whom will offer good discounts on most products, although some have stepped discounts, which involve purchasing a certain amount to ensure that you benefit from a greater discount on all of that Generic manufacturers products. Some of the Discount schemes are extremely difficult to understand and to compare against other schemes.

Information provided by



2021 ONLINE TUTORIALS

Live dispensary Training with a Dispex tutor



Each session is limited to 12 delegates!

Spring and Summer Schedule

As the Government's roadmap dates are not guaranteed, Dispex has decided to continue to focus on online tutorials for the coming months. Please find below our Spring and Summer schedule running up until the end of August.

Our bitesize online courses will continue to be delivered over the lunchtime period- 1pm start. Our range of online professional training courses are hosted by **Dispex tutors**, therefore, we can help you and your staff stay on track with their continued training requirements for DSQS!

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.

NEW 16TH JUNE

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 & NEW 28TH JULY

[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 & NEW 1ST JULY

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 & NEW 12TH AUG

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)

NEW 23RD JUNE

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.

21ST APR, NEW 9TH JUNE & 18TH AUG

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.

NEW-13TH MAY & 7TH JULY

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 MAR, NEW 26TH MAY & 21ST JULY

DRUG TARIFF & ENDORSING

Book Online- www.dispex.net

NEW-INTRO TO PRACTICE FINANCE

PF PART 1

NEW-20TH MAY & 17TH JUNE

7TH APRIL & NEW 3RD JUNE

PF PART 2

NEW- 6TH MAY & 8TH JULY



NEW-BUSINESS MANAGEMENT OF A DISPENSARY

BM- PART 1

NEW 10TH JUNE

BM- PART 2

10TH MARCH & NEW 14TH JULY

BM- PART 3

22ND APRIL & NEW 4TH AUG

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 & NEW 30TH JUNE

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 & NEW 22ND JULY

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.

NEW-19TH MAY & 11TH AUG



**" Very
comprehensive
content"**

Dispensary Team Leader

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

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

DSQS Guidance- Dispenser

"Informative if using DSQS"

DSQS Guidance-Lead 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



COVID-19

UPDATES & NEWS ARTICLES

COVID-19 vaccine impact hailed as Johnson outlines four-stage plan to ease lockdown

Source: GP Online 22/2/21

A single dose of the Pfizer/BioNTech COVID-19 vaccine cuts risk of hospitalisation and infection substantially, Public Health England has confirmed, as prime minister Boris Johnson outlined a four-stage plan to ease lockdown.

Data on infection in healthcare workers suggests that a single dose of Pfizer/BioNTech vaccine 'reduces the risk of catching infection by more than 70%' and that after two doses this rises to 85%.

Public Health England (PHE) said the findings provided 'strong evidence' that the vaccine could 'interrupt virus transmission' by stopping people from becoming infected - in addition to reducing risk of death or hospitalisation.

PHE added that early data suggested people who did become infected after receiving a single dose of vaccine were 'far less likely to die or be hospitalised'.

COVID-19 vaccination

It said: 'Overall, hospitalisation and death from COVID-19 will be reduced by over 75% in those who have received a dose of the Pfizer-BioNTech vaccine.'

The findings come after early data from Scotland suggested that four weeks after administration of a first dose, risk of hospitalisation was reduced by up to 85% by the Pfizer/BioNTech vaccine and up to 94% by the Astra Zeneca vaccine.

Although the data published for England cover the Pfizer/BioNTech vaccine only, Mr Johnson told parliament that PHE had also found that the Oxford/Astra Zeneca vaccine provided a 'good level' of protection.

The prime minister said lockdown would be eased in four stages separated by five-week intervals, beginning with the reopening of schools on 8 March.

Easing lockdown

Seven days' notice will be given to confirm whether each further stage will proceed - and the timetable could be delayed if data suggests the pandemic is not easing as expected. Decisions about further steps go ahead will be

based on 'four tests' - around whether vaccine deployment is continuing as planned, vaccination is proving sufficiently effective, infection rates do not risk overwhelming the NHS and the emergence of new variants.

The prime minister hailed the impact of the UK vaccination programme, which he said had 'dramatically changed the odds in our favour'. 17.7m people UK-wide had received a first dose of COVID-19 vaccine by the end of 21 February - with around three quarters of jabs delivered by GP-led sites.

On the vaccination data, PHE head of immunisation Dr Mary Ramsay said: 'This is strong evidence that the Pfizer/BioNTech vaccine is stopping people from getting infected, while also protecting cases against hospitalisation and death. We will see much more data over the coming weeks and months but we should be very encouraged by these initial findings.'

Vaccine protection

'But protection is not complete, and we don't yet know how much these vaccines will reduce the risk of you passing COVID-19 onto others. So even if you have been vaccinated, it is really important that you continue to act like you have the virus, practice good hand hygiene and stay at home.'

'Health and social care secretary Matt Hancock said: 'This crucial report shows vaccines are working – it is extremely encouraging to see evidence that the Pfizer vaccine offers a high degree of protection against coronavirus.'

'PHE also confirmed there is 'good evidence suggesting that giving the second dose of Oxford/AstraZeneca vaccine later will lead to much higher levels of protection' and that delivering the second dose 'at 12 weeks will therefore help to ensure longer lasting protection beyond the current restrictions'.

The four-stage plan to ease lockdown will begin with schools reopening on 8 March, with non-essential retail to return on 12 April, 'most restrictions on outdoor meetings' to lift from 17 May and 'all limits on social contact' potentially dropped from 21 June. People will be allowed to meet one other person outdoors from 8 March and the rule of six allowing increased contact between two households will return outdoors from later in March. Click [here](#) for source.

Good practice in prescribing and managing medicines and devices: updated guidance

Source: General Medical Council 18/2/21

We've updated our ethical guidance on Good practice in prescribing and managing medicines and devices. It will come into effect on 5 April 2021 following a six week familiarisation period.

About the guidance

Our guidance supports doctors to be able to prescribe safely for their patients, whatever the setting. It sets out our standards for good practice when prescribing face to face or remotely, when prescribing unlicensed medicines and for when patient care is shared with another doctor.

It's been updated following a call for evidence on remote prescribing in early 2020, and responds to the huge increase in remote consultations resulting from the Covid-19 pandemic. We've restructured the guidance to integrate information on remote consultations and prescribing throughout.

Key updates include:

- new advice for doctors to stop prescribing controlled drugs without access to patient records, except in emergencies.
- stronger advice on information sharing, making it clear that if a patient refuses consent to share information with other health professionals it may be unsafe to prescribe.
- alignment with our updated 'Decision making and consent' guidance, highlighting the importance of good two-way dialogue between patients and doctors in all settings.
- updated advice on treating patients based overseas to clarify doctors may need to register in the country where they are based, where the patient is based, and where prescribed medicines are to be dispensed.

To support doctors in understanding and applying our guidance, we've produced a series of case studies highlighting common remote prescribing scenarios including:

- [prescribing for patients based overseas](#)
- [prescribing controlled drugs without access to medical records](#)
- [assessing the suitability of a remote consultation](#)

Click [here](#) to read the guidance updates

Get the vaccination money right

Source: Practice Index By Ben Gowland

I was really struck when we were recording this month's episode of the Practice Manager Panel podcast of just how positive an experience the vaccination programme has been so far for general practice. What is important is that the money flows to practices do not make it all turn sour.

The vaccination programme really has been a great achievement by general practice. Not only that, but patients and the public at large recognise the tremendous contribution GP practices have made, and how important this has been in enabling the country to get on the road to recovery. It is not always the case that such a contribution is recognised, so practices should definitely enjoy it while they can!

Not only has the programme been a success in getting patients vaccinated, but it has also helped joint working between practices. Many PCNs who were ambling along without much sense of purpose or any real joint working between practices have found the focus of the vaccination programme has strengthened relationships and created a sense of tangible collective achievement. Nothing builds trust as much as doing something together!

What is important now is that PCN groupings get the money flows right. Nothing makes or breaks relationships as much as money.

It is not going to be an easy task. The first challenge is there still exists some reasonably significant discrepancies between the activity undertaken and the payment schedules on the MYS system. If PCN groupings do not receive the money they are expecting, how is that shortfall going to be shared out between the individual practices? Who is going to make that decision?

The second challenge is this is a significant amount of money that is going to be paid to the lead practice identified when practices signed up to the enhanced service. Some areas will have been more robust than others in agreeing how costs incurred (which may well have been higher than originally anticipated) are calculated, and therefore what the payment to individual practices within the PCN grouping are to be.

It is not difficult to envisage a scenario where either the lead practice feels hard done by, or the other practices in the grouping feel hard done by, because of perceptions of unfairness in how the received funding is then allocated between the practices to cover costs.

Now, as one of the practice managers on our panel discussion rightly pointed out, "the vaccination programme is far bigger than just getting paid". But she went on to say that at the end of the day all of those practices still have payrolls to meet and bills to pay. Click [here](#) to read the article in full.

ASK A DISPEX TUTOR



Dispex Member Query:

We have a recently qualified NVQ2 member of the dispensary team, would it be beneficial if she could attend DRUM's tutorial?

Mel says:

I would like to highlight that DRUMS really does fit in with DSQS as it is a crucial, important part of the undertaking when you sign up to participate.

The content within the DSQS Tutorial talks about how to perform a DRUM and what the expectation is from performing one. The tutorial offers a fantastic opportunity to discover DRUMS, along with the other requirements for completing DSQS.

We have two upcoming DSQS Guidance sessions- 20th May & 17th June. Dispex member discounts apply! If you have a dispensing or prescribing query, please contact the team on enquiries@dispex.net, please quote your membership ID.

Putting Theory Into Practice

At a time when Zoom is our window on the world and our High Street shops have been replaced by Amazon's infinite shelves, the distance between virtual and actual feels closer than ever.

However this balance shifts in the future, as humans, we won't ever stop placing value on our real-world experiences.

Seeing, feeling and hearing something in three tangible dimensions helps put aside our doubts, queries and uncertainties.

Sir Winston Churchill put it neatly when he described his relief at passing from the **"tossing sea of Cause and Theory to the firm ground of Result and Fact"**.

At Hub & Spoke Innovations, we spend a lot of time talking to GPs and dispensary managers about the theory of automated medicine collection since not everyone has seen or experienced it in action. Even more powerful for them, however, is to hear from those exploiting the real-world advantages of having a 24/7 medicine collection point as part of their day-to-day practice life.

This is exactly what we were able to do at a Dispex-hosted webinar on February 4, when Dr Mark Morgan of Sixpenny Handley and Chalke Valley Practice spoke alongside Carol Stevens of The Deepings Practice about how automated collection has helped safeguard profitability at their

surgeries by enhancing the patient experience and supporting higher levels of retention.

"This comes in the face of growing competition from online pharmacies, including Pharmacy2U, which was dispensing around 600,000 items per month at the start of the pandemic and by October had nearly doubled this number to 1.1m items. The total for all internet pharmacies in that month was just short of 2m.

As well as looking to protect themselves from this threat, our webinar guests spoke of how their Pharmaself24s are also helping ease the pressure on home deliveries and supporting staff and patients by reducing queues both inside and outside the surgery.

Mark and Carol are among nearly 100 Pharmaself24 customers in the UK who have evaluated the theory of automated medicine collection and then decided to turn it into a reality for their communities. You can read more stories like theirs on our website (www.pharmaself24.co.uk), and if you are interested in hearing for yourself what a difference a collection point can make, we'd happily arrange for you to speak to one of our customers directly – it might just have to be via Zoom!



A selection of the dispensing surgeries who are benefiting from 24/7 collection with the Pharmaself24.



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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.



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Covid testing in the workplace – what do employers need to know?

The government has announced that workplace Covid testing will be offered to more companies in England, for staff who cannot work from home during the lockdown. Businesses with more than 50 employees can now access lateral flow tests, previously only firms with more than 250 staff qualified for testing. So what do employers need to know?

Although the government are keen to encourage as many companies as possible to implement mass testing if they have at least 50 members of staff, employers should still proceed with caution when attempting to enforce testing requirements. Getting a test is not a legal requirement, and no individual can lawfully be forced to receive one, as such an action could be considered assault.

If employers do want to implement a policy making testing compulsory. They should clearly justify why they feel this is necessary for their specific company and the roles their employees have. If they cannot do this, they may find themselves facing costly claims for constructive dismissal at a later date.

What can we do if an employee refuses to take a test?

An employer's first instinct in this situation may be to go down a disciplinary route. However, they should again bear in mind that they should be able to demonstrate an instruction to take a test is reasonable. They should also consider that employees may have personal reasons for not wanting to take a test, and it is highly advisable to have a constructive discussion with the employee in question. Instead of

enforcement, it will likely be much more effective to outline to staff why these tests are necessary and encourage them to have one when offered. They should also be reminded that, if they unreasonably refuse to get tested, it may be necessary to prevent them from being admitted into the workplace due to the safety of their colleagues.

What happens if an employee tests positive?

The procedure for what should happen in this situation needs to be clearly outlined to employees prior to them receiving a test. If they test positive, they should not be permitted access to the workplace and instead sent home to self-isolate in line with current government guidelines. Alternatively, the company may consider arranging for them to have a further ACR test taken, which can take more time to come back but can be more reliable than mass testing methods.

For expert advice and guidance on the legal and practical considerations of Covid-19 testing 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

In April 2015, reforms of the public service pension schemes created controversy over the treatment of existing members and in 2018 there was a successful legal challenge on the grounds that the transitional protection offered to older members constituted direct age discrimination.

Following consultation, the Government has decided that the terms of legislation to remove this discrimination for the period 1 April 2015 – 31 March 2022 ('the remedy period').

How it will work

In April 2015, reforms of the public service pension schemes created controversy over the treatment of existing members and in 2018 there was a successful legal challenge on the grounds that the transitional protection offered to older members constituted direct age discrimination.

Following consultation, the Government has decided that the terms of legislation to remove this discrimination for the period 1 April 2015 – 31 March 2022 ('the remedy period').

How it will work

The new transitional rules will apply to all scheme members who were in service on or before 31 March 2012 and on or before 1 April 2015. All members of a reformed scheme between 1 April 2015 and 31 March 2022, will be automatically put back in their legacy scheme for that period. From 1 April 2022, all members of public sector schemes will be in the reformed version of their scheme for future service.

When a member comes to retirement after 1 April 2022, at the point of taking benefits, the member will be able to choose between the level of entitlement that would have arisen for their services in the remedy period under the new scheme rules or under their pre-2015 scheme rules. This was referred to as the 'Deferred choice underpin (DCU)' option in the Government's recent consultation.

What are the tax implications?

As members will be put back into their original pension schemes for the period 2015-2022, the pension contributions for these seven tax years may need to be recalculated and their pension entitlements for those years could change. This will also affect the Annual Allowance tax liabilities that may have been paid. This could mean revising tax calculations for those years.

Fortunately, the Government has confirmed that where this results in refunds of pension contributions that it will not be necessary for the member to adjust their tax calculations for each year: instead HMRC will make a tax adjustment to the refunded amount. Where a member is required to make additional contributions for the transition period (these will not need to be paid until 2023) the member will receive tax relief on them in that year. If this relief is at a lower rate than the individual would have received in the related tax year in the transition period, he or she can apply for compensation from the Government.

Putting members back into their legacy schemes for the transition period could clearly increase or reduce their pension entitlement. Where pension entitlement has changed for any of the seven years an adjusted Annual Allowance tax liability calculation will be required and the member will need to pay any additional tax due or claim a refund. Where tax was paid using the Scheme Pays option, the relevant credit for any refund will be added back to their pension scheme entitlement.

When members exercise the DCU option at retirement, this could clearly increase their pension entitlement at that date. Where this would trigger an Annual Allowance tax liability, the Government has committed to ensuring that the member does not bear the cost of this if it relates solely to exercising the DCU option.

While this solution to the transitional period discrimination issue may be fair to members, it will come at the cost of much administrative work for members and their advisers.

For help and advice on your tax position for your pension please contact our team.



SARAH ELMS
+44 (0)1473 320 732
sarah.elms@bdo.co.uk

FOR MORE INFORMATION:

SARAH ELMS

T: +44 (0)1473 320 732
M: +44 (0)7912 040 896
E: sarah.elms@bdo.co.uk

SARAH MOSS

T: +44 (0)1213 526 365
M: +44 (0)7791 397 696
E: sarah.moss@bdo.co.uk

FOR MORE INFORMATION:

SARAH ELMS

T: +44 (0)1473 320 732
M: +44 (0)7912 040 896
E: sarah.elms@bdo.co.uk

SARAH MOSS

T: +44 (0)1213 526 365
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Click [here](#) to book



29th April -Batch Submission & Switching

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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



SOMETHING DIFFERENT FOR A CHANGE

The topic I will talk about this month is something completely different, regarding one of my specialities. That of an Expert Witness (EW).

A particular interesting anecdote occurred when a few years ago I had an exhibition stand at the Annual Pharmacy Exhibition at the NEC. Whilst I was standing at the front of the stand an intense newly qualified young lady pharmacist introduced herself to me. She gushed 'I've heard so much about you Mr Morley, how do I become an Expert Witness like you?' To which I replied, in I hope in a kindly voice rather than a patronising tone, 'Come back and see me in thirty years.'

There are unfortunately no short cuts to becoming an Expert Witness. Not only do you need to know your subject inside out but have considerable experience of all the permutations of all the parameters of your subject. The legal term used is 'Within your sphere of competence'. Like many mature experienced professionals 'I know more and more about less and less'.

In my case my first Expert Witness work related to the Harold Shipman case some twenty years ago when I was already in my early fifties. I was unusually a witness to both fact and opinion. We also carried out some research into compliance with the Misuse of Drug Act and Regulations by General Practitioners on behalf of the Department of Health. It will not surprise Dispex members to know that the majority of dispensing doctors twenty years ago were broadly compliant with their obligations and responsibilities. Sadly, and predictably prescribing only G.P's were usually deficient in both their comprehension and compliance with their obligations and responsibilities regarding Controlled Drugs.

I first met Harold Shipman when he attended one of my Post Graduate medical lectures at Thameside Post Graduate Medical Centre based at Ashton Under Lyne Hospital, which was only a couple of miles as the crow flies from his Hyde surgery. Also, bizarrely 23 years earlier my first pharmacy managership was in Hyde and from my pharmacy front door I could see both the pharmacy and the adjacent premises which were to become Doctor Shipman's surgery when he became a sole practitioner after leaving the group practice.

The pharmacist manager of the pharmacy adjacent to Shipman's practice was after Doctor Shipman's conviction for 15 homicides was to become the subject of a professional misconduct hearing by the Royal Pharmaceutical Society. I was an Expert Witness for the defence and we daily ran the gamut of the television and media scrum outside the Society's premises which in those days was in Lambeth High Street, close to the palace and the river. I am pleased to say that Mrs Brant was cleared and exonerated. Many years later I returned to Hyde and Mrs Brant was still working in the same pharmacy. I asked her if she remembered me



Very kindly she said 'How could I forget you Nigel, you saved my life'. Like all Healthcare professionals we need reminding of the difference we make to the public good.

In addition to his published text books on Controlled Drugs in Primary Care the Law of Probity and Good Practice, Nigel is also an Expert Witness relating to Controlled Drugs.

Contrary to general opinion an Expert Witness is not a hired gun for the side paying him. An Expert Witness's first duty is to the court, tribunal or determining or adjudicating body. All the evidence adduced by an Expert Witness must not only be supported by evidence but believed to be truthful. An Expert Witness must also declare any information which is contrary or prejudicial to his own opinion. The Expert Witness will often be challenged on his report by either the other side or indeed by the judge or other determining bodies. In many cases in my career my reports have not always been beneficial to the client who has been the subject of the report.

In one important case for a medical defence association concerning a fatality of a doctor's patient, I had to report that the physician concerned was guilty of gross misconduct. However, the defence society was pleased to be told that a community pharmacy was equally guilty of gross professional misconduct in this case and the quantum of damages awarded was shared equally between the medical and pharmaceutical insurers.

One interesting fact about being an Expert Witness is that unfortunately the instructing body, usually solicitors, do not tell you the result of the case. However, when the instructing client is the Police Force they usually take great pleasure in informing you of a guilty verdict and the sentence it imposed.

The greatest satisfaction of being an Expert Witness is ensuring that natural justice is given to both the guilty and the innocent. If unfortunately, you need to commission an Expert Witness Report (EWR) into any forensic matter relating to dispensing doctor dispensing, pharmacy including loss of income, fraud, or medical or pharmaceutical negligence

I will be pleased to assist. **Nigel can be contacted on** office@nvmholdings.com for all his professional services.



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Praise and adulation

Source: Practice Index/ PM Polly

I'm revelling at the moment, revelling in the praise and recognition.

Patients everywhere, so happy with the roll-out of vaccines. Sometimes crying with happiness.

Patients treating us like heroes. I think I should be feeling sickly about it; I should be being modest. I should be saying, "It's nothing; you're our patients. We're here for you. It's what we do."

However, instead, I'm quietly bathing in this new adulation for practices and for us, practice managers. Suddenly we've become visible. We're congratulated on our organisational skills. Patients email me and say, "I don't know how you do it." They email to thank me for arranging their parents' vaccinations. They leave messages on social media saying how organised we are. How amazing we are!

We all know this doesn't happen often. Also, you know and I know that it isn't going to last – perhaps not even beyond the end of the week. As soon as the vaccination supply is delayed by even half an hour, our names will be muck all over again on every social-media site and every tweet

So, make the most of it, I say! Enjoy the emails of gratitude, the letters of thanks, the biscuits, the chocolates, the praise.

It's not going to last.

This wave of gratitude from our patients is often phrased in the strongest terms: "You're saving our lives," they say. "You're our way back to living a normal life," they say.

I find it strange. What I want to say (but I'm not going to spoil this moment) is, "What do you think we do every day?"

We save lives. It sounds heroic. Well, it is. It's just not recognised very often.

The high blood pressure that's kept under control.

The low heart rate that's referred urgently to cardiology.

The breast lump taken seriously.

The depression that's listened to.

The dizzy spells that aren't ignored.

The sudden weight loss that's investigated.

We save lives. Every day.

It's been the hardest year of my working life, and the acknowledgment from the wider public that GP practices are in fact saving lives is something I'm going to savour.

It won't last. We all know that. So, make the most of it!

As someone said to me the other day, "Stop being modest; take the compliment and pat yourself on the back. You're doing a bloody good job!" Practice managers, yes we are!

PM Polly-Click [here](#) for the source article

NEWS: e-Referral changes to speed up appointments

Source: Practice Index

Changes to electronic patient referral systems should enable practices to cut the time involved in the process, it has been announced.

NHS Digital said it had improved the NHS e-Referral Service (e-RS), to help make referring easier. The changes have been made following feedback from GPs and consultants and it means provider clinicians can now turn an advice conversation directly into a referral.

NHS Digital will introduce further changes at the end of March, it said. This will allow the advice and guidance function to be integrated into provider systems so that conversations can be directly embedded into the patient's medical record and clinicians do not have to switch between systems to seek advice from each other.

Martin O'Keeffe, senior clinical lead from NHS Digital, said: "By making it easier for primary and secondary care clinicians to talk to each other, we know that GPs can get the advice they need at their fingertips while hospital consultants can have greater confidence that a referral is appropriate before a patient is referred to them.

This will make the whole process smoother and simpler for everyone involved and ultimately will improve patient care. This is part of a series of improvements that are being made to the NHS e-Referral service designed to help clinicians and patients.

We hope that giving clinicians the tools they need for true, shared decision making will support them to make the best, evidence-based choices for their patients."

Click [here](#) for the source article

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**

New GMC prescribing guidance addresses remote prescribing concerns-Source: Pip -Pharmacy in Practice

The General Medical Council (GMC) has published updated guidance on prescribing, to support doctors who are increasingly seeing patients via remote and virtual consultations.

Good practice in prescribing and managing medicines and devices sets out the regulator's standards for good practice when prescribing remotely and face to face, when prescribing unlicensed medicines, and for when patient care is shared with another doctor.

The guidance makes clear that the same standards remain when prescribing remotely as they do when seeing a patient face to face, such as being satisfied that an adequate assessment has been made, establishing a dialogue and obtaining the patient's consent.

Key updates include:

- **New advice for doctors not to prescribe controlled drugs unless they have access to patient records, except in emergencies.**
- **Stronger advice on information sharing, making it clear that if a patient refuses to consent to share information with other relevant health professionals it may be unsafe to prescribe.**
- **Alignment with the GMC's updated Decision making and consent guidance, highlighting the importance of good two-way dialogue between patients and doctors in all settings.**

The updated guidance also has specific advice for doctors prescribing remotely with patients in nursing homes or hospices, and patients who are based overseas.

Professor Colin Melville, the GMC's Medical Director and Director of Education and Standards, said:

"We understand the enormous pressures the profession is under as the pandemic continues and the vaccination programme is rolled out across the UK.

"Our updated guidance supports doctors who are navigating what for many has become a new reality of remote medicine, helping them to maintain good patient care in these incredibly challenging circumstances. It's vital that the principles of good practice apply, whether a consultation is face to face or remote."

Dr Caroline Fryar, head of advisory services at the Medical Defence Union (MDU) commented: "With many consultations moving online during the pandemic, doctors have become even more adept at assessing patients virtually. Prescribing as part of remote consultation is often entirely safe and



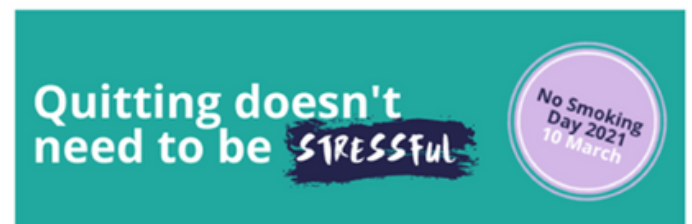
reasonable as long as the prescribing doctor has enough information about the patient, can make an adequate assessment and have a proper dialogue with the patient

"However, as ever, doctors need to apply their judgement and remain alert to situations in which a face-to-face consultation may be needed.

"In addition, prescribing to patients overseas presents ethical and legal difficulties for doctors, who need to consider whether they have appropriate registration and indemnity among other considerations."

The updated guidance, which follows a call for evidence from expert individuals and healthcare organisations between November 2019 and February 2020, will take effect from Monday 5 April, giving doctors and employers six weeks to familiarise themselves with it.

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



ASH and Breathe 2025 have created a communications toolkit ahead of No Smoking Day 2021, which takes place on Wednesday 10 March. This year's theme is "quitting smoking doesn't have to be stressful" and centres around the evidence that quitting smoking is associated with improved mental health.

The toolkit includes:

- Information about the campaign
- Aims and key messages
- Downloadable assets to support local promotion
- Templates for social media, emails, websites and local PR

About No Smoking Day: No Smoking Day is a national campaign that encourages the nation's smokers to make a quit attempt on the second Wednesday of March each year. No Smoking Day is an important opportunity to engage smokers in your local communities, encouraging them to quit and access local stop smoking support. This campaign has been developed collaboratively between ASH and Breathe 2025 with support from PHE Marketing, Greater Manchester Health and Social Care Partnership and Fresh North East. The new resources prompt smokers to search 'smokefree', which takes them to the NHS Better Health website. Click [here](#) for the resource.



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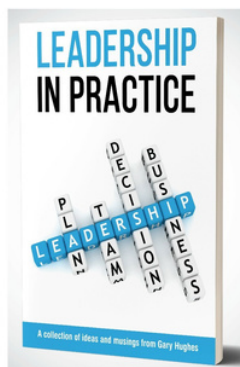
At Leadership in Practice Gary and Chris share a passion for simplicity and excellence in leadership and management and helping others reach their potential.



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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2021 INFLUENZA VACCINES

From April 2021 the Drug Tariff will no longer be printed and distributed as a paper document for dispensing contractors in England. Source: NHSBSA

Following a Government consultation with stakeholders and representative groups in England about this change, the Drug Tariff will continue to be published on a monthly basis via our website.

Information for Contractors in England on behalf of the Department of Health and Social Care (DHSC): Dispensing contractors in England should note that from April 2021 the Drug Tariff will no longer be printed and distributed as a paper document.

The Government recently consulted stakeholders and representative groups in England about this change. March 2021 will be the final month in which a printed Drug Tariff will be circulated. The Drug Tariff will continue to be published on a monthly basis online and accessible via our website. Where dispensing contractors have a registered email address with the NHS Business Services Authority, from January 2021 a link to the PDF copy will be supplied each month to that address.

Where any issues arise in obtaining the link to the PDF copy of the Drug Tariff, dispensing contractors can contact us at: nhsbsa.drugtariff@nhs.net We will contact dispensing contractors in advance of the ceasing of the printed Drug Tariff to validate email addresses.

The email inbox above can also be used should contractors wish to request that their email address be added to the circulation list. Dispensing contractors should note that this mailbox will not be monitored until January 2021. An announcement has also been made in the November Drug Tariff.

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

MIMS Learning Live

Source: MIMS

Is a popular event series providing high-quality education to primary healthcare professionals.

The 2021 digital event series will take place over 5 evenings between 19 - 23 April and 21 - 25 June, bringing you key clinical education across a range of topics.

The programme is currently being finalised and will be announced shortly. In the meantime you can register today to secure your place. Click [here](#) for the full source details.

MICHELE RICHARDS



★ **NEW DISPEX TUTOR** ★

Dispex have the pleasure of welcoming & introducing our
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Michele will be delivering our Introduction to Practice Finance sessions. Click [here](#) for dates and details!

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**.

NVM Holdings [Northants]
office@nvmholdings.com



WHAT INFLUENCES YOUR DECISIONS?

Last week I had the pleasure of working with four general practice partners.

I facilitated the first of 2 sessions to help them work through whether they will create a shared telephone consulting space because they have run out of room. It was a productive session, and my job was to help them articulate and work through:

1. Principles for decision making and what was outlined in the partnership agreement
2. The desired end result
3. Their personal stake in the decision
4. The impact on others
5. The detail of how to make it happen
6. Positive and potential negative assumptions
7. Alternative options

To help frame your next strategic decision, please feel free to use the framework above. And if the decision is potentially contentious, I can support you by facilitating your discussions. Book a [30 minute session](#) with me to discuss further.

Take care! From [Tara](#) x

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Well Pharmacy has partnered with online GP provider Push Doctor to launch a pharmacist-led digital consultation service for minor ailments.

Source Chemist and Druggist

The service – which Well claims is “the country’s first pharmacy-first digital service” – will be initially trialled as a pilot across four GP practices in the Plymouth Sound primary care network (PCN), letting more than 50,000 patients consult a Well pharmacist online.

Patients who access the Push Doctor platform with minor ailment concerns can book an online consultation with a Well pharmacist “at a time that suits them”, the multiple said in a joint press release with Push Doctor published today (February 1). The service has the potential of freeing up GP appointments “for those with serious or chronic health issues”, the companies added.

If the pilot is successful, more GP surgeries will start offering digital pharmacist consultations and Well expects it will need to recruit more “clinical” pharmacists as the service develops, the multiple said.

In a statement today, Well Pharmacy CEO Seb Hobbs said: “Through this partnership with Push Doctor we will demonstrate the central role pharmacists can play in providing primary care, prompting a shift towards a pharmacy-first patient mindset.”

The partnership provides an amazing opportunity for us to increase patient access to pharmacy services and ensure that they can fully leverage the expertise of these highly trained clinicians.

“Well’s “clinical” pharmacists also collaborate with GPs in Warrington PCN, where they share their expertise to work on “medication reviews, long-term condition reviews and support for discharge letters and regular care home ward rounds”, the multiple said.

C+D has asked Well for more details of the pilot.

Last year, Boots trialled an online pharmacy video consultation service with digital healthcare provider LIVI, following a pilot in two Boots branches. Patients self-isolating due to COVID-19 could access a Boots pharmacist via the LIVI app for a face-to-face chat about their medicines and for general advice, the multiple explained at the time.

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

Prescription Due to Increase in April

The increases are **£9.15** to **£9.35** per item

NOTE Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3. Penalty charges may be applied if you make a wrongful claim for free prescriptions. If you're not sure about getting free prescriptions, pay and ask for an NHS receipt FP57. You can't get one later. The FP57 tells you about getting a refund.

Part 1 The patient doesn't have to pay because he/she:

- A ☐ is under 16 years of age
- B ☐ is 16, 17 or 18 and in full-time education
- C ☐ is 60 years of age or over
- D ☐ has a valid maternity exemption certificate
- E ☐ has a valid medical exemption certificate
- F ☐ has a valid prescription pre-payment certificate
- G ☐ has a valid War Pension exemption certificate
- L ☐ is named on a current HC2 charges certificate
- X ☐ was prescribed free-of-charge contraceptives
- H ☐ *gets Income Support (IS)
- K ☐ *gets income based Jobseeker's Allowance (JSA (IB))
- M ☐ * is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
- S ☐ * has a partner who gets Pension Credit guarantee credit (PCGC)

Collectors of Schedule 2 & 3 CDs should sign their name:

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the Prescription Pricing Authority, the NHS Counter Fraud and Security Management Service, the Department for Work and Pensions and Local Authorities.

Part 2 I have paid £

Part 3 Cross ONE box I am the patient ☐ patient's representative ☐

Sign here Date / /

Print name and address (if different from overleaf)

Postcode

Prepayments go from **£29.65** to **£30.25** for 3 months and from **£105.90** to **£108.10** for an annual prepayment certificate.

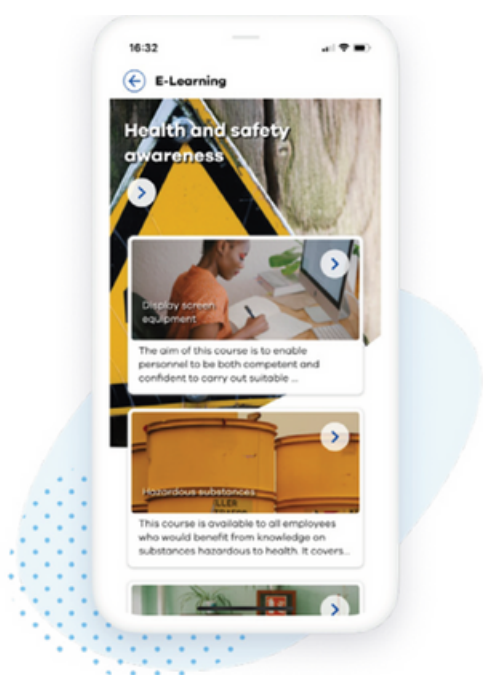
Click [here](#) for the source: [Legislation.gov.uk](#)

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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:

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- **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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The denaturing of Controlled Drugs could be classified as 'waste processing', and as such, may require a waste processing licence. However, the Environment Agency and the Home Office have agreed that the denaturing of medicines as required under the Misuse of Drugs Regulations will not be subject to this requirement. Instead a Denkit should be used. Prices start at **£9.28+vat** for 3 x 250ml jars



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Mar/ 29



Welsh Access Standards

I woke up last Sunday morning, made myself a huge cup of tea, circumnavigated the hungry cats who were trying to trip me up and kill me and I sat down for my morning facebook scroll. The first post I saw was an article that a colleague had shared, by the BBC on the topic of the Welsh Access Standards.

The Access Standards were released in 2019. There was uproar among the welsh PMs who knew this would be an unrealistic target at the start, but then came Covid and we all had bigger fish to fry, so we largely just accepted we would lose this income and we moved on. Many of us at the time wrote to MP's, AM's and our Health Boards but very little came of the efforts.

There were lots of changes to access that were needed, but the one that most concerned all of us as Practice Managers was the requirement to answer 90% of calls within two minutes. I genuinely couldn't believe it when I first read the standards. I had spent 2 years transforming a team of receptionists into multi skilled and effective Care Navigators. I had spent so much time teaching them to give each patient the time they needed and deserved. I had planned our services around it. I knew that improvements were needed to the waiting times to get through to GP Surgeries, we all were, but 90% within two minutes? Impossible. 60% Maybe. With a lot of work. We had plans to make improvements, we had a new phone system booked and had implemented various other methods of contact to make things easier for the patients, but we knew that with the way we experienced large surges of calls at high points of demand for various reasons, that we would never be able to confidently say we could answer 90% of these calls within 2 minutes.

Covid then took over the world and this went on to the back burner until we were recently told that ALL of the other parts of the standards were to be suspended! With the vaccination programme currently underway and the media constantly giving out false information we are receiving more calls than ever before. The surges in calls are bigger, the patients are needing more help and all our clinicians are spending hours and hours on the phones dealing with patients. We no longer have patients "popping in" to see if scripts or various other things are ready. The phones are busier than they have ever been, and we are going to be financially disadvantaged by the fact we can't answer 90% of calls within 2 minutes in the middle of a global pandemic!?

So while I was quietly fuming over the tea and the fact that the cats still hate me despite me devoting my life to their whim, I looked into what it would take to make an online petition and before I knew it, I had pressed Submit for Review and it was live!

We now have nearly 500 signatures which is fantastic. I am really hopeful that we can get our colleagues across the pond to support us in this effort to get this reviewed. I am sure most will agree that this is unrealistic and unfair given the current situation.

GP Surgeries in Wales have an unreachable target to answer 90% of calls within 2 minutes or they lose funding. This is unmanageable in normal circumstances but now will financially disadvantage GP Practices in the middle of a pandemic.

I would be grateful if anyone who has a minute can [sign my petition](#)! A copy of the standards guidance can be found [here](#).

Shoreline Medical Fridges

Are you a designated Covid-19 vaccination centre needing more cold storage?

Are your fridges fully compliant and in good working order?

For further details please contact the Dispex Team at sales@dispex.net



Source: Shoreline Medical

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HELPFUL TIPS

- Record fridge temperature before adding new stocks of vaccines. If other users notice a 'spike' in fridge temperature readings they won't know when it happened which could cause unnecessary concern about the cold chain integrity.
- Do you have adequate medical fridge storage to safely store ordered vaccines? Air cannot circulate properly around a fridge stuffed full of vaccines. This could impact on temperature read outs and vaccine safety. Tip: Consider purchase of a larger/additional fridge, or a portable fridge.
- Is your secondary thermometer monitoring device, calibrated? Tip: Read our [guide](#) on types and usage.
- Ensure your fridge is calibrated annually. Tip: Look for the manufacturer's own calibration service, or add your fridge to the list of measuring equipment already calibrated at the Practice.

- Are your Certificates of Calibration valid? Tip: Check that the certificates clearly mention 'test equipment used is traceable to UKAS standards'.
- Ensure your medical fridge is covered by the manufacturer's warranty, or extended warranty, to safeguard against costly breakdowns. Tip: Read the small print sometimes not all parts are covered!
- Check the Certificate of Calibration for your medical fridge meets Care Quality Commission inspection requirement.

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

For model specification information please visit: www.shoreline-uk.com or ask@shoreline-medical.co.uk

TOP 25 LOSS MAKING GENERICS

MARCH 2021

Example:

Product	Pack	Tariff	Loss
Amorolfine 5% Paint (P)	3ml	£5.00	-£3.94
Chlorpromazine 100mg Tabs	28	£16.51	-£4.44
Chlorpromazine 50mg Tabs	28	£16.51	-£4.44

INFORMATION SUPPLIED BY

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NHS mental wellbeing support package available for staff tackling Covid-19.

Source: NHS Health Education England

The NHS has launched a mental wellbeing support package for its 1.4 million staff; to help them as they help people deal with the pressures faced during this global health pandemic. This includes a new mental health hotline (030 0 131 7000) which is open between 7:00 and 23:00 every day. Calls offer support for mental health, financial help, bereavement, care and coaching. Staff can also text FRONTLINE to 85258 for support 24 hours a day. The hotline and text service is staffed by more than 1,500 trained volunteers.

Looking after your team

#LookingAfterYourTeam: Coaching support for those who lead, manage or organise a team or group in primary care.

Frontline primary care colleagues have been facing unprecedented challenges through Covid-19, which is why our [#LookingAfterYouToo](#) coaching space was established.

Available since April 2020 it has supported thousands of primary care colleagues to process their experiences, offload demands and develop coping skills to look after themselves.



Prof Simon Gregory DL, Deputy Medical Director, Primary and Integrated Care, HEE, said: "I encourage everyone to make full use of these professional resources. It is vital staff feel supported and employers have the right procedures in place to offer all the help that may be needed."

The NHS has been working with charities, such as Samaritans and Hospice UK, to deliver this support.

A website england.nhs.uk/people is also available.

Want to know how to stay safe?

The Healthcare Learners Coronavirus Advice Guide contains useful hints, tips and advice on staying safe while at work, commuting and at home. The content was collated from questions posed to HEE and experiences shared by learners working on the front line. Click [here](#) for the full source website.

Our new [#LookingAfterYourTeam](#) service will create an opportunity for individuals who lead, manage or organise teams, groups, services or networks, to access coaching about their team. Coaching support is available with a highly skilled and experienced coach and is centred around compassionate and collaborative team leadership.

The aim is to encourage psychological wellbeing and resilience in teams while supporting them to continue to deliver projects, services and high-quality care to patients.

The coaching will be orientated towards proactively supporting you to work with your team to develop practical strategies, making small improvements and amplifying the voice of primary care across the system.

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

VAT Training Webinars

NEW DATES

Dispex is delighted to continue our partnership with Moore & Smalley, providing VAT Training for Dispensing Doctor Practices!

VAT Refresher - **27th May**

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

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

- 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

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Nick Bidder

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East of England

Abbie Stock and Jim Martin

a.stock@visufarma.com

j.martin@visufarma.com

07718 492397

07740 406861

Scotland and North East England

Beverley Dean

b.dean@visufarma.com

07740 406863

West Midlands and Wales

Tina Ali and Kevin Gould

t.ali@visufarma.com

k.gould@visufarma.com

07712 325878

07740 406862

London and South East England

Lalit Sharma and Andy Biart

l.sharma@visufarma.com

a.biart@visufarma.com

07740 406837

07718 492390

South Central and South West England

Tim Eason and Anne Marie Hayward

t.eason@visufarma.com

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* Based on one medication for day and night use, and a bottle lasting 2 months¹ † In an animal model.