

# Gazette

YOUR MONTHLY DISPENSARY GAZETTE

## News and Updates on Dispensing Doctor Issues



# NEW COLLABORATION

ENHANCED MEMBER BENEFITS COMING SOON

**Please see the editorial for details**

news

opinion

articles

learning & development

technology

offers

# Joint Editorial

Spotdispensing is very pleased to be joining forces with Dispex. We see this as a great opportunity to combine the Training and Products and Services provided by Dispex with the Information and Profitability Tools that have been developed by SPOTdispensing.

We are very excited by this joint venture and have been assisting in developing a new Dispex website which will include the best of both. In addition, the new website will be able to showcase the DispexCD, which Spotdispensing has helped to develop, as well as provide access to up-to-date Discount information and the impact this has on dispensing practices.

When the website is ready to be launched, the Spotdispensing website information will be absorbed into the Dispex website and Spot and Dispex members will be able to access all the Discounted Training and Services as well as all the SPOT Informatics which will help drive profitability. The Directors of Spotdispensing will be providing support and information to the existing Dispex team so that we can develop a first-class service for all our members- Best wishes

*Philip*

Dr Philip Koopowitz  
Director Spotdispensing

## The Dispensary Gazette

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Claudy Rodhouse

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Dispex is also delighted to announce our partnership with Spotdispensing. Many of you already know Dr Philip Koopowitz so please join us in welcoming both him and the Spot team into the Dispex community.

This exciting new collaboration will enhance our membership offering, by providing easy ways to benchmark your dispensary as well as improve your dispensing income through Spotdispensing's profitability tools! Members will still have access to all existing benefits such as reduced delegate fees on our renowned training sessions, discounts on a range of products & services and access to the prescribing and dispensing helpline!

We are also looking forward to introducing you to our new website in the coming months. As Dr Philip Koopowitz has explained it will incorporate the Spotdispensing tools, the DispexCD and an improved online experience for our members.

Please keep an eye on the current Dispex website and your inbox for future announcements- all the best,

*The Dispex Team*

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

To book, please click [here](#).

Dispex members will need to obtain a discount code from inside the members area of the [website](#) or email [training@dispex.net](mailto:training@dispex.net)

The discount code will need to be applied at checkout.

\*price is per person + booking fees+vat

## 24.06.21

### 1-2pm

**Free for Dispex members**

# 2021 ONLINE TUTORIALS

Live dispensary Training with a Dispex tutor



*Each session is limited to 12 delegates!*

## Summer Schedule

To encourage group engagement, idea sharing and to be able to have a laugh or two we limit our tutorials to 12 delegates per session, therefore places are filling up quickly! Book your teams training before places are gone! Please find below our Summer schedule!

Our bitesize one hour online courses are 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 your continued training requirements for DSQS!

## 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**

### 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**

[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**

## 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 & 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)

**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.

**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.

**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.

**26TH MAY & 21ST JULY**

# DRUG TARIFF & ENDORSING

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

## DSOS 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

## 20TH MAY & 17TH JUNE

# INTRO TO PRACTICE FINANCE

## PF PART 1

## Understanding Practice Income

This 1 hour session is aimed at those new to the management of a practice 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

## 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.

## 6TH MAY & 8TH JULY



## 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

## 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

## 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

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

# HOW TO BOOK

Please book online at [www.dispex.net/training](http://www.dispex.net/training) or email [training@dispex.net](mailto: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**

### 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**

### 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.

**19TH MAY & 11TH AUG**



# feedback

**" 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

There has been a flurry of activity by manufacturers of Ophthalmic lubricants and trying to make sense of all the discounts available and comparing them is enough to make your eyes water!

Firstly, the available lubricants need to be categorised so that we know that we are comparing like for like. Many of them are available as drops (either in a bottle, or as single dose units [SDU]), ointments, at different strengths and either preservative free (PF) or not, and any combinations of all of these. In addition, some of the Hypromellose, Carmellose and Hyaluronic acid preparations are in presentations in combination with other lubricants.

On top of this, not all manufacturers produce all classes of lubricants. There is always a balance between choosing the most profitable of each of the different lubricant classes and choosing a manufacturer who provide a good discount across its whole range, but may not be the best discount for all its products. In general, dispensing doctors find it difficult to remember the ocular lubricant that is the flavour of the month at the CCG, so it may be worth selecting a brand and sticking to that.

<b>Paraffins –</b>	available as ointments and all PF
<b>Carbomer –</b>	available as ointments and all not PF available as SDUs and all PF
<b>Hypromellose-</b>	available as drops at strengths between 0.3% and 0.5% and PF or not PF available as SDUs at strengths between 0.3% and 0.32% and all PF
<b>Carmellose-</b>	available as drops at 0.5% or 1% and PF or not available as SDUs at 0.5% or 1% and all PF
<b>Hyaluronic acid-</b>	available as drops at between 0.03% and 0.4% and PF or not available as SDUs at between 0.15% and 0.4% and all PF
<b>Propylene glycol-</b>	available as drops at 0.3% or 0.6% and not PF available as SDUs at 0.3% or 0.6% and all PF
<b>Polyvinyl alcohol-</b>	available as drops at 1.4% and not PF available as SDUs at 1.4% and all PF

Companies who are currently offering good discounts include Thea, Scope, Farmigea, Medicom and VISUfarma.

	<b>Farmigea</b>	<b>Medicom</b>	<b>Scope</b>	<b>Thea</b>	<b>VISUfarma</b>
<b>Paraffins</b>	Hydra-Med night		Hylo-night		Xailin Night
<b>Carbomer</b>		Evolve Carbomer		Liquivisc	Xailin Gel
<b>Carmellose</b>	Cellusan	Evolve and Lumicare			Xailin Fresh and VisuXL
<b>Hypromellose</b>	SoftDrop Hypromellose	Evolve	Tear-Lac		Xailin Hydrate
<b>Hyaluronic Acid</b>	Hydra-Med	Evolve HA and Revive	Hylo-Tear /Forte/ Fresh /Care /Dual	Hybak and Thealoz	Xailin HA and VisuXL

Full details of all prices and potential profits, if you have signed up to the appropriate discounts, are available in the members section of the [Dispex website](#).



# COVID-19

## UPDATES & NEWS ARTICLES

### **Our latest analysis of COVID vaccine reports is out now**-Source: COVID Symptom Study 28.4.21

Our analysis of vaccine reports from more than 600,000 ZOE COVID Symptom Study contributors is [published today in the leading journal, The Lancet Infectious Diseases](#). We look at after effects, effectiveness, and what this means. Click [here](#) to read in full.

### **One dose of COVID-19 vaccine can cut household transmission by up to half**-Source PHE 28.4.21

A new study by Public Health England (PHE) has shown that one dose of the COVID-19 vaccine reduces household transmission by up to half.

Studies have already demonstrated that being vaccinated against coronavirus (COVID-19) significantly reduces your risk of being infected. This new research shows that those who do become infected 3 weeks after receiving one dose of the Pfizer-BioNTech or AstraZeneca vaccine were between 38% and 49% less likely to pass the virus on to their household contacts than those who were unvaccinated.

Protection was seen from around 14 days after vaccination, with similar levels of protection regardless of age of cases or contacts. This protection is on top of the reduced risk of a vaccinated person developing symptomatic infection in the first place, which is around 60 to 65% – 4 weeks after one dose of either vaccine.

Households are high-risk settings for transmission and provide early evidence on the impact of vaccines in preventing onward transmission. Similar results could be expected in other settings with similar transmission risks, such as shared accommodations and prisons. By linking case and household contact data with vaccination status, the study compared the likelihood of transmission for a vaccinated case with an unvaccinated one.

The study included over 57,000 contacts from 24,000 households in which there was a lab-confirmed case that had received a vaccination, compared with nearly 1 million contacts of unvaccinated cases.

Dr Mary Ramsay, Head of Immunisation at PHE, said:

*"Vaccines are vital in helping us return to a normal way of life. Not only do vaccines reduce the severity of illness and prevent hundreds of deaths every day, we now see they also have an additional impact on reducing the chance of passing COVID-19 on to others. I encourage anyone who is offered a vaccine to take it as soon as possible."*

*While these findings are very encouraging, even if you have been vaccinated, it is really important that you continue to act like you have the virus, practise good hand hygiene and follow social distancing guidance."*

Previous PHE studies have shown that both the Pfizer-BioNTech and AstraZeneca vaccines are highly effective in reducing COVID-19 infections among older people, with 10,400 deaths prevented in the over-60s by the end of March.

PHE is also undertaking separate studies on the effect of vaccination on transmission in the wider population. Click [here](#) for the source article.



For FREE downloadable resources visit [PHE](#)



As long Covid potentially becomes more of an issue, employers may find themselves increasingly having to find new ways of managing employees, incorporating not only when they are at their most sick but when they return to work. It remains to be seen what the true long-term implications of this condition are, and employers need to be prepared to respond to this.

At the first instance, long Covid should be dealt with in the same way as any other medical condition. Employers should always consider each situation individually when employees are suffering from a medical condition because the effect on each person can be different. The important thing is not to have a blanket approach to employees who are confirmed to have long Covid, which means discussing with each employee to identify how it affects them and deciding on the support that is needed to ensure the employee is able to continue working well.

In the immediate term, employers are likely to experience significant amounts of sickness absence which need to be managed; this usually comes with extra spend on agency workers, for example, or other temporary workers to bridge the gap, or extra pressure on colleagues who need to pick up the extra work. Employees returning to work after long-term sickness will also need to be managed carefully; depending on how long they've been away, they may need adjustments put in place to their working day in order to help them settle back into their role. These adjustments may need to be more permanent if they continue to suffer the ill effects of long Covid for some time.

Employment Tribunals consider various different elements when deciding whether a condition is to be treated as a disability for the purposes of the Equality Act 2010. One of these is whether the condition has long-term effects, which means that it has lasted, or is expected to last, for 12 months. We cannot, at this stage, know whether long Covid meets this definition because of its newness. But if it does, and has a substantial adverse effect on a person's ability to carry out day to day activities, then is it likely that it will be considered a disability.

It is also important to bear in mind the mental health of those suffering from long Covid. This is likely a difficult time for them, especially as it will come off the back of them having Covid-19. To this end, management should ensure that employees can come forward with any issues they are having and receive appropriate support. The company should also consider offering access to an Employee Assistance Programme if possible.

### About Peninsula



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](http://www.peninsulagrouplimited.com)

# 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](mailto: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!!**

# 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**

# OFF-PAYROLL WORKERS NEW RULES SINCE 6 APRIL 2021

Since 6 April 2017 all Public Bodies that use the services of a worker who is paid 'off-payroll' (supplied by an intermediary) must decide whether workers would be employees and/or office holders if engaged directly. This has been extended to all large and medium sized private sector organisations from 6 April and the new rules bring some new responsibilities for Public bodies as well. Small private Practices may be exempt from the rules.

Wherever locums or other workers are supplied by an intermediary, the practice must check on their status to assess if they would be employees and/or office holders if engaged directly by the Practice. Where the individual would be a deemed employee or office holder:

- ▶ If the Practice pays the intermediary directly, the Practice must send the worker a Status Determination Statement (SDS) and deduct PAYE and NIC from the payment and pay it to HMRC through RTI (as for employees). In addition, the Practice will be required to pay employer's NIC
- ▶ If the Practice uses an employment agency (or other third party) to source the Locum and pays that third party, the Practice will be required to assess if the new rules apply and advise the third party of the outcome of that decision by sending out an SDS. The third party must then deduct PAYE and NIC and pay employers NIC.

Public bodies that have already put systems in place to deal with off-payroll hires now also need to build in an appeals process. From 6 April 2021, workers have a right of appeal against the status determination carried out by the engager and, although there is no formal appeal mechanism, practices must set up a process to consider any appeals. Where the worker contests the determination, the Practice must respond to the worker within 45 days. If the Practice concludes that the original determination is correct it must provide reasons for its conclusion, whilst if it concludes that its initial determination was incorrect, it must issue a new SDS.

It should be noted that HMRC will not intervene in any appeal or subsequent disputes. However, failure to respond to the worker with the 45 days may result in the Practice being treated as the fee-payer and becoming liable for tax and NIC.

It is important to document the work your practice does to establish the employment status of the locums and other off-payroll workers you use. Remember this is not a one-off issue: if a locum arrangement is not 'deemed employment' when first instigated, it may become deemed employment if it is regularly renewed. Similarly, repeated contacts with the same individual does not guarantee that there is deemed employment – you have to check for each contract.

BDO's Off-Payroll Tracker tool can help you decide when an individual contract will fall within the new rules (requiring a status determination to be made) or whether it will fall under the agency rules. It will also help you record details of every contract and document any formal status determinations that are made as well as track the appeal process where a contractor disputes the decision.

**If you would like to know more about our Off-Payroll Tracker tool or have any questions on the off-payroll rules please contact us.**



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# VAT Training Webinars

**Register now and find out how to help with evaluating and understanding the VAT issues of your Dispensary!**

## 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

**CLICK HERE TO BOOK**

# ASK A DISPEX TUTOR



## Dispex Member Query:

I have one member of staff who completed an NVQ 3 qualification, she doesn't do anything to keep this up or pay, does this still stand?

## Mel says:

If they had previously registered as a pharmacy technician with the GPHC then they need to pay annual fees to remain on the register and to have a record of continued professional development via the portal for this.

If they haven't continued to pay they are removed from the register. Also if you don't apply back to the register within 2 years you cannot reregister anyway. Therefore to register again as a pharmacy tech they would have to do NVQ 3 all over again!

It's a very strict system as is a professional registration. You cannot call yourself a pharmacy technician unless you are on the register. Your team member can say they are trained to NVQ 3 level, but cannot call themselves a pharmacy technician unless they are on the register.

Members' are entitled to a 10% discount on selected NVQs with Buttercups.

○ **FREE next day delivery**

## Dossett Boxes

### 7 Day Disposable Compliance Aids

**This system offers four tray types!**

---

The dosette system has been designed for patients in the community who need help ensuring they take their medicines regularly in order to achieve the best health outcome!

**ORDER- 01604 859000**  
**EMAIL: ENQUIRIES@DISPEX.NET**

**STANDARD- CL01**  
**EXTRA LARGE- XL01**  
**CLEAR LITE- CL08**  
**CLEAR COLOURED- CL01CS**  
**DUO**

**Contact the Dispex Team for a price list**



Occasionally a dispensing practice may receive what appears to be an innocent letter from NHS England. The letter informs them that NHS England are redetermining the rurality of their practice area. This is a significant development and the practices interests maybe significantly affected by this determination. There are a number of reasons why NHS England has decided to redetermine your rurality.

- 1) They have been asked by the Local Pharmaceutical Committee (LPC) to do so in the hope that your rurality is overturned you become a non-controlled area and lose your dispensing rights. You cannot dispense to the patients in a non-controlled or urban area.
- 2) They've been asked to do so by the Local Medical Committee (LMC). This is a very rare occurrence but the author did have one case in the locality where they filmed the series 'The Last of The Summer Wine '. The rurality was turned back from urban to rural i.e. from non-controlled to a controlled locality.
- 3) There has been a predatory pharmacy application. Before NHS England can determine a pharmacy application, they have to triage for a number of preliminary considerations including the rurality of the application site. However, they do not tell you that there is a pharmacy application in the pipeline. It is however possible from the wording of the letter to ascertain that the reason for the rurality redetermination is the forthcoming predatory pharmacy application. Not only are you forewarned but unless you are in a reserved location with less than 2,500 patients, thus offering a safety margin below the statutory threshold of all 2750 registered NHS

patients no matter what practice they belong to. You should be very alarmed. Without a doubt having the advantage of major notice **your best defence is to submit your own competing pharmaceutical application.** The reason for this is in all the authors cases where this strategy has been followed the vast majority have ended up with a very satisfactory result. Either both pharmacy applications have been refused invoking the five-year rule and giving the practice a total of seven years protection from this initial letter. In a few cases the surgeries actually end up with a pharmacy of its own. In a few very rare cases the predatory applicants had succeeded but even then, they are not guaranteed to open.

## Conclusion

If you are a dispensing practice and receive a letter from NHS England saying that your rurality was being redetermined you should contact Nigel Morley on [office@nvmholdings.com](mailto:office@nvmholdings.com) with alacrity.

The initial consultation and advice is free of charge for all Dispex members. Nigel has an outstanding record of preserving rurality for dispensing practices and is an acknowledged leading expert in such. Nigel also has an magnificent track record in fighting predatory pharmacy applications. *Experience Counts*





Schedule 2 Controlled Drugs

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### Denaturing Kits

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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May/ 16

## 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



## Practice appointments surge

30th April 2021

Practices delivered record numbers of appointments last month, boosting a return to normal working with millions of telephone consultations, according to new data.

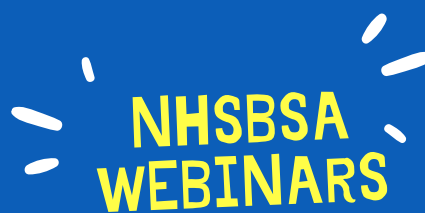
Nearly 26 million appointments included some 15.8 million delivered face to face, according to the NHS Digital data. It means the number of face to face appointments have nearly reached pre-pandemic levels – when in January 2020 there were 21.7 million face to face appointments. The data highlights the growing role of non-medical practitioners. Some 14.7 million appointments were with GPs and 12.7 million with other practice staff. 11.3 million appointments were by telephone, the largest number ever.

GP leaders said data supported anecdotal reports from doctors that they are “busier than ever before.”

British Medical Association GP committee chair Dr Richard Vautrey said: “For GPs working 11 or 12-hour days, often leading heroic efforts to protect as many people as possible in their communities against a disease that has had such a devastating impact on all of us, it is heart-breaking and completely demoralising to hear accusations that general practice is not open and that patients are not being seen. This narrative, categorically proven wrong by today’s data, is extremely damaging at a time when morale is already reaching rock bottom and many GPs, practice managers and others in the practice workforce are reaching breaking point. It may feel slightly different, with changes put in place for the protection of staff and patients alike, but general practice is open, and staff need support, patience and understanding as they work harder than ever before.”

Royal College of GPs chair Professor Martin Marshall said: “Today’s data doesn’t account for most of the incredible work that has gone into delivering the COVID vaccination programme, with hundreds of thousands of patients being vaccinated in GP-led sites every day.

It doesn’t account for the significant increase in clinical admin work that our own data shows. And it doesn’t account for complexity of the work, which has increased during the pandemic, with patients presenting an average of three problems at each consultation. We urgently need more GPs and other members of the practice team to manage increasing workload in general practice. Good progress has been made to encourage medical students to choose general practice, but we also need to see comprehensive plans to keep existing and experienced GPs in the workforce, protecting them from burning out by addressing ‘undoable’ workload, so that we can continue to deliver the high quality care that our patients rely on us for.” Click [here](#) for the source.



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

Keep an eye on the Dispex website for future date announcements!





# Intro to Practice Finance Tutorials

**Also suitable for prescribing only sites!**

## 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.

**DATE: 3RD JUNE**

## 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.

**DATES: 6TH MAY & 29TH JULY**

**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.

**DISPEX**

[www.dispex.net](http://www.dispex.net)

### **BOOKING DETAILS**

*Members £45+vat | Non-members £60+vat  
(per person, per session)*

*Time: 1-2pm | [Click here to book](#)*

# 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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[office@nvmholdings.com](mailto:office@nvmholdings.com)



## FREE PRESCRIPTION CHARGE POSTER

Dispex members can download a one page Prescription Charge poster from inside the members' area of our website;

[www.dispex.net](http://www.dispex.net)

**DISPEX**

**SUPPORTING GENERAL MEDICAL PRACTICE**

May/ 20

### Discount Update - Boehringer Ingelheim

Source: Spot Dispensing

From 1 May 2021, BI have adapted their discounts for Spiriva and Spiolto Respimats.

In line with the push for reducing waste, they have decided to increase the discount on the Spiriva and Spiolto Refills for the Respimat devices. Whilst this is very welcome, they have unfortunately reduced the discount for the Respimat Devices to a mere 5%.

This means that you instead of making 53 pence per Spiriva device, you will now lose 62 pence per Device and you instead of making 73 pence per Spiolto device, you will now lose 87 pence per Device dispensed. Each Device may be used with up to six Refill cartridges i.e. one inhaler pack (with Device) and five Refills. This will mean dispensing at least 2 Devices a year.

The good news is that each Spiriva Refill now has a 15% MDS discount and will earn you £1.68 and each Spiolto Refill now has a 15% MDS discount will earn you £2.38.

Please see the members section of the [Dispex website](#) for the latest comparisons of LAMAs, LAMA + LABAs and Triple therapy.

### GPs warn of burnout amid new access claims

Source: Practice Index

Senior GPs have called for a national inquiry after new complaints that patients are heading to emergency departments because they cannot get appointments.

GPs say they have been working harder than ever before – but are now facing “unprecedented levels of burnout.” The Doctors’ Association has written to health secretary Matt Hancock, senior NHS officials and HealthWatch chair Sir Robert Francis. The concerns surfaced after the publication of the latest emergency department data, showing the largest numbers in a year using hospital emergency services in March. Emergency specialists attribute the increase to the easing of lockdown – but have also warned it will be unsustainable.

In the letter, two GPs Dr Elizabeth Toberty and Dr Ellen Welch state: “General Practice has been consistently underfunded over the last 10 years. Currently 90% of NHS contacts happen within primary care for less than 10% of the total budget. We desperately need a huge funding increase to aid much needed innovation, improvements in IT and infrastructure, and to increase staffing levels. We urgently call today for a reduction in bureaucracy, a focus on GP burnout and staff retention, and most importantly an analysis into why patients are struggling to access care so we can work towards finding a solution that involves the whole health service working together.”

They add: “GPs are working flat out, and it is incredibly demoralising to find that our best is not enough. It is clearly not acceptable for huge proportions of patients to attend emergency departments when GP would be more appropriate. However, practices are working at and beyond full capacity which has led to unprecedented levels of burnout, sick leave and tiredness amongst GPs.” Click [here](#) for the source.

### (MHRA) Drug Safety Update has been published

Source: MHRA

A new Medicines and Healthcare products Regulatory Agency (MHRA) Drug Safety Update has been published, including articles on Polyethylene glycol laxatives and starch-based thickeners and C-19 vaccines and medicines. Click [here](#) for the source article

### New SSP issued for Estradot® 75 micrograms patches-Source: SSP/NHSBSA

Click [here](#) for the source details

Visit [www.dispex.net/blog](http://www.dispex.net/blog)  
for the latest news articles

# 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 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**



### LEADERSHIP IN PRACTICE

*building capability in general practice*

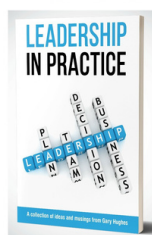
At Leadership in Practice Gary and Chris share a passion for simplicity and excellence in leadership and management and helping others reach their potential.

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



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

**If you need help with facilitation, education, or a leadership challenge have a chat with us**  
**[gary@leadershipinpractice.co.uk](mailto:gary@leadershipinpractice.co.uk) or 07792173112**



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# 10% Members' Discount

# DISPEX

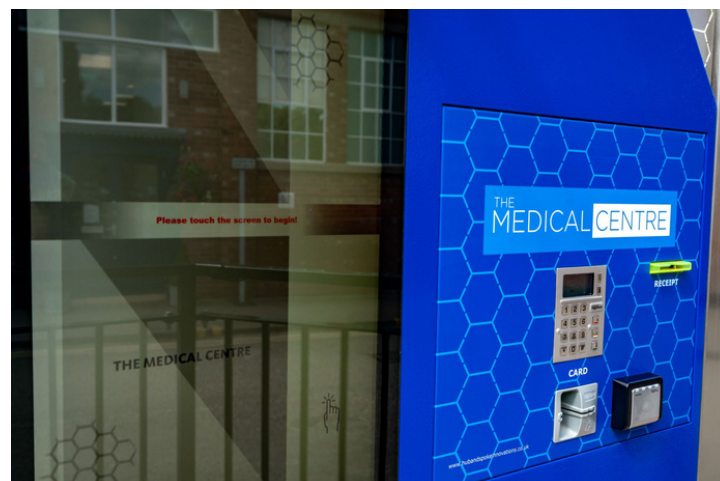
### Welsh Government has vision for future of medicine supply

A lot can change in a year. Since the beginning of 2020, the mood music around online pharmacy has taken a more serious tone.

For dispensing practices, as for contractors in community pharmacy, the acceleration of digital healthcare services driven by the pandemic has escalated internet pharmacy from a background concern to a real risk. Like a scene from a Bond film, the blip that ominously appeared on the edge of the radar looks to be moving stealthily towards a more central market position.

While the use of online pharmacy services in Great Britain is rapidly growing, it is – for the moment – at a low level as an overall share of the market. Data from research firm YouGov suggests the level of take-up among the population is 8%. Of more concern for dispensing practices, perhaps, is the gap between that figure and the 45% of people who either agree or strongly agree they would feel comfortable getting their prescription medication from an online service.

There is, of course, another side to the story. Indeed, precisely the same number of people (45%) either disagree or strongly disagree with exactly the same notion. Furthermore, 61% say they go to the pharmacy that's most convenient for them, underlining both the trust patients place in healthcare premises and providing a reminder that services need to be delivered in a way that makes their lives easier.



Interestingly, this direction of travel is being supported by the Welsh Government, who, in April, invited pharmacy contractors to apply for a share of £200,000 to support investment in automated prescription collection systems such as the Pharmaself24 ([www.pharmaself24.co.uk](http://www.pharmaself24.co.uk)).

This second round of funding followed an over-subscribed initial scheme launched at the height of the pandemic, and the Welsh Government is clear that successful applicants will be those “looking to introduce efficiencies to their businesses and to improve the patient experience”.

This level of investment backs up a belief that patients aren't necessarily wedded to an internet-based future, they are simply seeking greater convenience in medicines supply. They are asking for change, and while online providers are driving it from their side, change is also in the hands of GP partners and practice managers with a vision for a better future. Get in touch today and see how we can help you to meet the digital expectations of your patients.



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





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## DSQS - the abbreviation you may have heard spoken within your Practice?

### DSQS what is it, and what does it stand for?

#### Introduction

Dispensary Services Quality Scheme ('the Scheme') came into effect in September 2006, and is part of the General Medical Services (GMS) change. The annual Scheme rewards Practices for providing high quality services to their dispensing patients. Practices which sign up to the Scheme and achieve all the standards, will receive a payment for each dispensing patient.

It follows the structure of the specification of requirements for receiving dispensary services quality payments as set out in the DSQS guidance, and includes the following information:

#### Overview of quality requirements

The key quality requirements of the Scheme are:

- Duty of confidentiality
- Dispensing staff must be appropriately trained and undertake continued training with annual appraisals.
- Dispensers who work unsupervised must have at least 1,000 dispensing hours work experience over the previous five years in a GP dispensary or community pharmacy, and must be trained to Pharmacy Services S/NVQ level 2
- Minimum levels of staff hours dedicated to dispensary services
- Staff with a limited dispensing role must be given relevant training and competency assessment
- Standard Operating Procedures ('SOPs') which reflect good professional practice and all dispensary procedures. SOPs must be reviewed and updated at least **once every 12 months** and whenever dispensing procedures are amended. Clinical audit and risk assessment.
- A Significant Event Monitoring Procedure must be in place.
- An annual review (DRUM) must take place of the medicines use for 10% of the dispensing list (7.5% in 2006/7).
- Assessment of performance against the criteria for payment. Practices and CCGs will wish to read this guidance alongside the specification for receiving dispensary services quality payments

## DSQS Guidance



This is presented to each dispensing practice as a guidance book, consisting of 28 pages. Along with Audit templates and a self-assessment form.

The scheme is voluntary and rewards organisations for providing high-quality services to dispensing patients.

Practices have to sign up annually, by 1st July, via the CCG and provide the name of the GP in the practice who is accountable for the quality of dispensing services.

Payment is based on the number of dispensing patients on your organisation's list on 1st January in the financial year to which the payment relates, as measured by the Open Exeter system. Dispensing patients are the patients for whom the organisation, or any practitioners working for them, have consent to dispense under the NHS (Pharmaceutical Services) Regulations 2005, or relevant sections of the GMS and PMS regulations. The payment is still £2.58 per dispensing patient per financial year, and that hasn't changed since its inception. So, depending on your list size, is potentially a valuable source of income and often supports other services within the practice.

It is wise to allow protected time to plan for your audit and audit outcomes to ensure these are submitted by the deadline of 1st January. The self-assessment form should be submitted by 2nd March to ensure full payment.

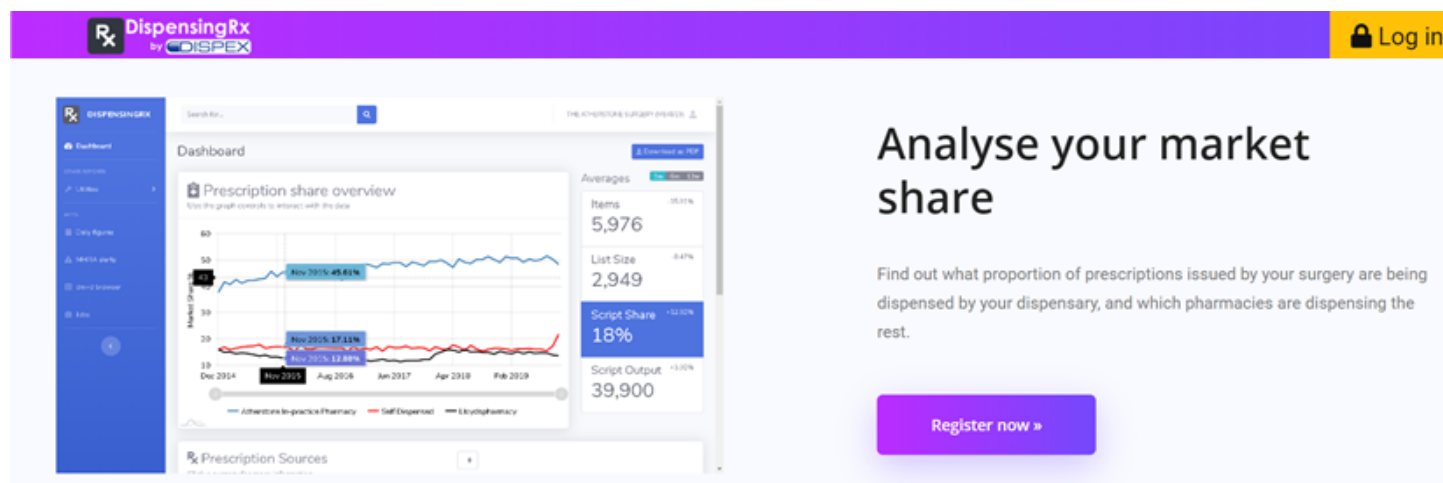
Dispex understands the importance of your time and income, therefore we have developed a training Tutorial covering all aspects of the **DSQS**. This will ensure you have clear guidance and support, and enable you to achieve the full payment, which is invaluable to your practice. Check the Tutorial Training Schedule on our [website](#) for details.

To support this new DSQS training, we shall also be launching a complete range of SOP Services to provide all the processes and requirements for the DSQS and CQC regulatory inspections, in various formats depending on your needs. These will include Templates, Completed policy SOP's and a bespoke SOP Writing Service, particular to your own Practice conditions and constraints. Further details will follow on the Dispex website.

# DO YOU KNOW WHERE YOUR PRESCRIPTIONS ARE BEING DISPENSED?

Find out what proportion of prescriptions issued by your surgery are being dispensed by your dispensary, and which pharmacies are dispensing the rest!

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For details visit [www.dispensingrx.co.uk](http://www.dispensingrx.co.uk)

## TOP 35 LOSS MAKING GENERICS

MAY 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	-£0.96

INFORMATION SUPPLIED BY



To view the full list, login to the members' area of the website: [WWW.DISPEX.NET](http://WWW.DISPEX.NET)

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† In an animal model. \* Based a bottle lasting 2 months<sup>1</sup>