

Gazette

YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues



Type your search term here...

[Home](#)[Profitability Tools](#)[Discount Updates](#)[Informatics](#)[Membership](#)[Training](#)[News](#)[MEMBER LOGOUT](#)

Welcome to Dispex

Membership brings great advantages - we enable dispensing doctor practices to benefit from the joint efforts, expertise and power of a leading group in its market place. Our dedicated team works with over 700 dispensing practices throughout the UK on a daily basis giving our members the help, support and advice they need

[JOIN US TODAY](#)

NEW & ENHANCED WEBSITE

NOW LIVE

WWW.DISPEX.NET

[news](#)[opinion](#)[articles](#)[learning & development](#)[technology](#)[offers](#)

The Dispex and SPOT Dispensing teams have been working together to develop a one-stop-shop website which will provide Dispex members with access to all the information they need to ensure the viability and profitability of their dispensaries.

The website was launched on the 5th July and Dispex members will need to register for access to all the members-only resources. In addition, the Dispex training programme has been expanded, with both members and non-members signing up for our popular Bite-sized small group Tutorials via Zoom. We will be adding valuable resources and training opportunities via our website, so please bookmark the website and check in regularly.

With another big chunk of money being extracted from the NHS drug budget via Category M, all dispensing

practices will need to look at their purchasing. The Profitability Tool for dealing with Generics Costing More Than Tariff will be accessible to Dispex members and will help offset some of the predicted losses with the slash in Category M prices.

We welcome feedback on our new website, as well as suggestions to help us provide the information that is most useful for you. We are very excited about all our new developments as the combined forces of Dispex and SPOT Dispensing continue working in Dispex members' best interests.

Wishing you a safe and healthy summer

Philip, Ankit, Jane and Claudy
(The Dispex Team)

The Dispensary Gazette

Dispex Ltd
18 Oxleasow Road,
East Moons Moat,
Redditch, B98 ORE

Telephone: 01604 859000 (10am-3pm)
Advertising: sales@dispex.net
Website: www.dispex.net

Design and Marketing Contributor

Claudy Rodhouse

Editorial Contributor

Claudy Rodhouse

The views of contributors and guest columnists are not necessarily the views of Dispex Ltd. Whilst every care has been taken to ensure the accuracy of the contents of this magazine, the publishers cannot accept liability for any errors or omissions or any incorrect interpretation on any subject matter(s). If in doubt, you should seek the appropriate professional advice.

All third party content, registered trademarks, logos and images are owned by the respective brands. No reproduction of any part of this magazine is allowed without prior written consent from Dispex Ltd.

Copyright 2021 © Dispex Ltd. All rights reserved.

What's inside	Page
The New Website is LIVE	1
New Website Login	2
Dispex Tutorials	3-6
Generics Costing More Than Tariff	8
DispexCD	10-11
NHSBSA Webinars	13
Dossett Boxes	16
Predatory Pharmacy Applications	21
Ask a Dispex Tutor	24
Our Updated Contact Details	25
Manage Your Patients Dry eyes	27



NEW WEBSITE

Enhanced features for DISPEX MEMBERS

PROFITABILITY TOOLS

- Brand comparisons
- Positive parallel imports
- Benchmark your dispensing profit
- Generics costing more than the tariff

DISCOUNT UPDATES

Updating members with the latest discounts offered by manufacturers and highlight any discounts withdrawn. We analyse the impact of these changes on individual brand profitability.

INFORMATICS

Dispex provides easy to access information on a range of subjects including Dispensing Fee Scales, Discount Abatement Scales, Patent Expiry plus Information on Under-standing Brands, Branded Generics and Parallel Imports, as well as How to compare Generic prices.

MEMBERS SAVE

- £15 on every delegate place (online tutorials)
- £25 per month for access to the Profitability, Discount Updates and Informatics Tools (SPOT)
- £30 per delegate place on our members' webinars (when available)
- £18 per month for one digital [DispexCD](#) register (offer commencing Sep 21 and only from your renewal date thereafter).
- PLUS members have access to all the existing services such as the monthly Gazette, news bulletins, helplines and commercial offers



NEW WEBSITE LOGIN-HOW TO

Your surgery will need to register for a new login!

Please send the following details to training@dispex.net

Dispex ID (if known)

Surgery Address

Main @nhs email address

i.e libertydispensary@nhs.net or libertyadmin@nhs.net

Once registered each surgery will be allocated with one user login, your new login will be issued to the registered email address in the coming days- keep an eye on your inbox and junk folders! Once you have logged in and had a look around, please feel free to send us any feedback!!

A members' guide to the new features will follow later this month!!

Non-members can join by clicking [here](#)

2021 ONLINE TUTORIALS

Live dispensary Training with a Dispex tutor



Each session is limited to 12 delegates!

SUMMER-WINTER SCHEDULE

We are pleased to add two new “bitesize” courses, **DRUMS** and **SOPS** to the the Autumn and Winter schedule*. Please find below a brief introduction to both sessions. Our dedicated tutors have successfully delivered our tutorials via Zoom, which has allowed us to continue to support dispensing and practice training during the pandemic- they look forward to expanding your learning in the coming months.

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.

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

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

ALL COURSE TIMES ARE 1-2PM

NEW-DRUMS

This NEW tutorial will cover the main aims of DRUMS and will provide guidance on how to carry out a professional and successful DRUM.

Ensure with certainty that the quality and safety for your patients remains priority.

10TH NOV & 15TH DEC

NEW-SOPS

This NEW tutorial will reiterate the importance of SOPs and will provide guidance on how to ensure the quality and consistency of existing dispensary SOPs and will provide top tips on when and how to update them.

7TH OCT & 25TH NOV

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

2ND DEC

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 or is this completed in house?

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

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

12TH AUG

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 to 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)

29TH OCT

CONTROLLED DRUGS

CD PART 1

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

18TH AUG & 28TH OCT

CD PART 2

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

22ND SEP & 24TH NOV,

DRUG TARIFF

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

21ST JULY, 15TH SEP & 1ST DEC

DRUG TARIFF & ENDORSING

Book Online- www.dispex.net

DSQS GUIDANCE

DSQS GUIDANCE

New to Dispex - Dispex understands that time is precious.

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

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

1ST SEP & 18TH NOV

INTRO TO PRACTICE FINANCE

Our Intro to Practice Finance Tutorial covers the “the practice’s finances” and elements of dispensing profits! Also suitable for prescribing only sites!

PF PART 1

Understanding Practice Income

This 1 hour session is aimed at those new to the management of a **practice** and anyone looking to refresh their knowledge. Delegates will benefit from a bitesize overview of the various income streams, including disease prevalence, enhanced services, drug payments and what affects them, and how data affects income.

2ND SEP & 4TH NOV

PF PART 2

Maximising Income

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

29TH JULY, 14TH OCT & 9TH DEC



BUSINESS MANAGEMENT OF A DISPENSARY

BM- PART 1

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

9TH SEP

BM- PART 2

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

14TH JULY & 13TH OCT

BM- PART 3

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

25TH AUG & 9TH NOV

Book Online- www.dispex.net

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.

29TH SEP & 8TH DEC

PART 2

Purchasing and Concessions

This session 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 & 20TH OCT

PART 3

Stock Control

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

11TH AUG & 17TH NOV

HOW TO BOOK

Please book online at or email dispex.net/training

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

ALL COURSE TIMES ARE 1-2PM

DISPENSARY CUSTOMER SERVICE

DCS PART 1

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

To help manage conflict and the difficult patient scenarios.

8TH SEP & 3RD NOV

DCS PART 2

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

Also covered are some helpful suggestions on managing complaints appropriately.

28TH JULY, 6TH OCT & 24TH NOV

Do employers need a sporting events policy to manage the UEFA Euro 2020 Championship?

The postponed UEFA EURO 2020 Championship began on 11 June 2021 with expectations high for teams and fans alike. Managers will be hard at work preparing their teams for success in this summer's tournament. At the same time employers should be taking the necessary precautions to manage their own staff and ensure provisions are in place to keep productivity levels high, especially when a big match falls on a working day.

Some employers may choose to create a specific sporting events policy to manage staff during big tournaments like the Euro's, and it can be applied to all major events, such as the **World Cup**, **Wimbledon** and the **Olympic games**. These policies will typically outline an organisation's stance on a variety of issues including flexible working, internet usage, and general workplace conduct for the duration of the tournament.

Having a specific sporting events policy in place will help inform staff of any amendments to accepted working practices during the tournament and provide employers with the framework required to discipline those who fail to comply.

With that being said, simply having a policy in place is just the first step and for any policy to be truly successful it must be communicated effectively. Therefore, those who do choose to create a new policy should ensure a copy of this is provided to staff well in advance, allowing them sufficient opportunity to review its contents and consider the practical implications prior to the tournament kick-off.

Effective communication is equally important for those who choose to rely on pre-existing workplace policies to guide employee behaviour. In these instances, employers should consider holding informal meetings with the wider workforce to reiterate what is expected of them during the tournament, this will also give them an opportunity to announce if there will be any relaxing of existing policies to better accommodate employees.

Employers must also take care to ensure that the guidelines inscribed in workplace policies are enforced in a fair and consistent manner. Sporting events policies will commonly cover rules surrounding annual leave, as employees may want time off to watch their favourite team's matches – whichever country they support – and normal procedures should apply, for example, granting leave on a first come first serves basis. Staff may be permitted to watch matches



in between shifts and during designated break periods and line managers must be vigilant to ensure they do not take advantage of this privilege.

Policies should cover situations where employees are working from home, particularly when it comes to issues where discrimination could arise. Where staff are working from home or hybrid working, it is advisable that if a dip in productivity is observed – in a male colleague, for example – employers do not just assume that this is because they are watching the football. Making such an assumption, and/or dismissing an employee on that basis, without following a proper procedure could lead to claims of discrimination or unfair dismissal. Instead, line managers can manage the situation on a case-by-case basis, taking the employee's specific situation into account – it may be that they are experiencing burnout or stress.

It is clear that implementing a sporting events policy will be useful in maintaining workplace productivity during a major tournament such as the Euro's, particularly for organisations who have struggled to manage employee performance in the past. However, as well as simply creating the policy, employers must make sure that they adequately inform staff of any new policies and make concerted efforts to enforce the policy's guidelines in a consistent manner, ensuring that it is applied equally to those working in the office and from home.



For expert advice and guidance on the HR and employment law considerations of the Covid-19 vaccine rollout, call Owen Clark, Associate Director at employment law consultancy, Peninsula, today on 07966 112 073

GENERIC COSTING MORE THAN TARIFF

Dispex is pleased to provide an interactive list of Generics Costing more than tariff as well as information as to how to change the scripts and when and whether to change the scripts. For July, with Category M prices dropping, there are a lot more generics costing more than the July Drug Tariff price. We provide a list of over 555 products, and this number goes up to over 125 products when you take the Discount Clawback into account.

The list is updated with all Concession prices as and when they are published. Visit our new website to start accessing and using this information to reduce losses on generics. Click [here](#) to see Generics costing more than Tariff.

Product	Pack	Tariff	Tariff or Concession minus Clawback ▲	Best Price	BRAND	Advice
Loperamide 2mg Caps	10	0.44	0.39	0.50	TEVA	Change (no endorsement)
Lorazepam 0.5mg Tabs	28	20.18	17.92	19.75	ADVANZ	Do not change
Lorazepam 1mg/ml Oral Solution	150ml	103.62	92.04	94.85	THAME	Do not change
Melatonin 1mg/ml Oral Solution	150ml	130.00	115.47	130.00	COLONIS	Change & Endorse Best Price
Mesalazine MR 400mg EC Tabs	90	16.58	14.73	15.85	OCTASA	Change (no endorsement)

Example

This information is available to Dispex members and you will need to sign in as a member. Members will need to register for access to the new website Members Only sections

WHAT IS THE MCCLOUD JUDGEMENT AND WHAT DOES THIS MEAN FOR GPS?

Following the Government's 2015 public pension scheme reforms, several public sector workers took the Government to court arguing it had unlawfully treated existing public sector workers differently based upon each member's age. The Court of Appeal ruled against the Government and it now has to compensate individuals (including NHS Pensions members) for the difference in treatment since 2015 in the schemes that provided transitional protection.

THE IMPACT ON GPS

Members can now retain their 1995/2008 scheme membership up to 31 March 2022. This impacts all members in service on or before 31 March 2012 including those who have re-joined within five years. This therefore includes currently active, deferred members and retired members.

As an interim step, in April 2022, all members will be returned to the 1995/2008 scheme for the remedy period (ie credited with the pension growth they would have got under the scheme). From April 2022 all members will continue to accrue pension in the 2015 scheme

When do GPs need to make this decision?

The choice happens on retirement. At retirement the member chooses their preferred scheme for the remedy period (ie the benefits accrued under the 1995/2008 scheme or those under the 2015 scheme during the remedy period).

In choosing, as well as comparing what benefits (both annual pension and lump sum) were built up in the different schemes, members should factor in the pensions annual allowance tax charges for those years as they will also change.

For many GPs, the pensions annual allowance growth figures will be lower if they had been in the 1995/2008 throughout the remedy period. If pensions annual allowance tax charges arose in those periods and they are reduced as a result of this choice on retirement, the member may be entitled to tax refunds from HMRC. Conversely, there could be additional tax to pay where a member's choice leads to increased annual allowance growth figures.

What happens next?

The NHS Business Services Authority (NHSBSA) has to implement changes by 1 October 2023: they will contact individuals already receiving benefits first. Then pensions annual allowance growth statements will be re-issued to all members impacted for the remedy period based on 1995/2008 scheme membership – this will allow each member's tax position to be reviewed with their adviser

Most active scheme members don't need to act now: on retirement, they will receive pensions illustrations based on the two different scheme options so they make an informed choice.

What if I have opted out or ceased my added years contributions due to high annual allowance charges?

GPs in this position could apply for retrospective membership if they can argue that they would have taken a different course of action had they have known that continued membership of the legacy scheme were an option. If they successfully agree this retrospective membership, their employee and employer superannuation contributions would need to be made up to date. If you are in this position, consult a Financial Planning Adviser soon to explore the benefits and costs of this option.



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

Once members have received their revised pensions annual allowance statements, BDO can assess the revised tax position. For help and advice please get in touch with your usual BDO contact.

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
- 1 free account per member (offer commencing September 2021 and only from your renewal date thereafter)
- 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!



CD register


Registers


Menu


Register Search



CCG Destruction



Jane Smith | PharmData Dispensary

PERFORM BALANCE CHECK

Quick Operations


BOOK IN


BALANCE CHECK


BOOK OUT

Methadone hydrochloride - Methadone 1mg/ml oral solution

Total Balance: 2029 ml | Expired: 29 ml

Date supplied or date supplied	Name and address from which received	Quantity received	Person or firm supplied	Details of authority to supply (prescriber or supplier details)	Whether Schedule 2 controlled drugs supplied by healthcare professional and if healthcare professional, name and address	Was proof of identity required or person collecting drug?	Was proof of identity provided?	Quantity supplied	Balance
17-03-2021	John Doe 1 Unknown Place	Gregory House (123456789)	Patient Collected	Princeton pharmaboro	Yes	Yes	40ml	2140ml	
16-12-2020	John Test smith 1 Wonders Road	Gregory House (123456789)	Patient Collected	Princeton pharmaboro	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



Access all areas

Because every dispensing practice or community pharmacy is different, every Pharmaself24 installation we undertake is inherently different. Recently, however, we completed an installation that was very much the first of its kind.

The customer was Birmingham Heartlands Hospital, part of the Heart of England NHS Foundation Trust, which is employing our 24/7 medicine collection technology to solve a unique problem.

While this machine – a Pharmaself24 Compact – is loaded by the dispensary team as normal, collections are made not by patients but by ward staff. The reason being that the Pharmaself24 is used to hold the TTO medicines required by patients at the point of discharge, ensuring this process is not unnecessarily interrupted by the pharmacy being closed or a porter not being available.

The machine, which has a footprint of just 1m2, features a bespoke user interface designed by our in-house development team. It allows authorised ward staff to log-in using their NHS Trust credentials, from which point they can select a patient on their ward and retrieve the TTO medicines that have been previously loaded by the dispensary team. Crucially, this enables the patient to return home as soon as they are ready, without having to endure any more time in hospital than necessary.

For the NHS, this underlying impetus to return patients home is rooted in reasons beyond patient care alone.

With a long-term decline in beds and sustained growth in demand for NHS services, there is a continued squeeze on the finite resource available.

NHS trusts are focused on alleviating this pressure, looking to reduce the time patients spend in hospitals while still ensuring they receive the expected level of care. It remains a challenge: the number of delayed discharges rose substantially between 2014 and 2017 – a situation that health-care think tank The King's Fund argues “has a negative impact on patients' care and poses operational challenges for providers”.

Equipped with technology such as the Pharmaself24, however, hospital staff now have a tool to help address difficulties around the discharge process, improve the patient experience and smooth the overall flow of people through a hospital's doors.

At Hub & Spoke Innovations, we are now fast approaching our 100th installation across a variety of different settings, from dispensing surgeries and community pharmacies to prison pharmacies and hospitals. As this particular example shows, they are all very different in their nature, but the common thread to them all is the smart application of technology to deliver a better patient experience.

No queues, no waiting, no fuss.

For more information please visit pharmaself24.co.uk

NHSBSA WEBINARS NEW DATES

16th SEPTEMBER -Endorsing including Referred Backs

FREE- 1PM START

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

Click [here](#) to book

21st OCTOBER-Batch Submission & Switching

FREE - 1PM START

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

Click [here](#) to book



Practice teams face compulsory vaccination within months

Source: Practice Index June 2021

Practices providing care for care homes will be required to ensure staff are fully vaccinated against COVID, it has been announced.

The government is considering requiring all NHS staff to be vaccinated against both COVID-19 and flu, it was announced yesterday. Medical leaders reacted cautiously to the latest proposal, which is to be subject to extended consultation.

However, care home workers are to be required to undergo COVID-19 vaccine – and the rule will apply to practice staff and GPs who provide services to care homes. The government said it had decided to proceed with compulsory vaccination for anyone working in a registered care home following a period of consultation.

Staff will be allowed a medical exemption. The rule will apply to staff employed by a care home, those employed by an agency and volunteers. Those entering care homes for other work, including tradespeople, will also have to be vaccinated but emergency service workers will not have to be. The new law is to be introduced very rapidly through secondary legislation – and care home staff will then be given 16 weeks to get vaccination.

Care minister Helen Whately said: “The Social Care Working Group of the Scientific Advisory Group for Emergencies (SAGE) advises that an uptake rate for one dose of 80% in staff and 90% in residents in each individual care home setting is needed to provide a minimum level of protection against outbreaks of COVID-19. While the majority of care home workers have now been vaccinated, only 65% of older care homes in England are currently meeting the minimum level of staff uptake for one dose needed to reduce the risk of outbreaks in these high-risk care settings – falling to 44% of care homes in London.”

The British Medical Association called for “targeted engagement” and alternative mitigations for unvaccinated staff, indicating it might oppose the proposal.

BMA chair Dr Chaand Nagpaul said: “Doctors naturally want to be protected against this potentially lethal infection that has already taken far too many lives, including hundreds of their colleagues, so those who do decline a vaccine are unlikely to do so lightly.

Compulsion is a blunt instrument to tackle a complex issue. Recent research has highlighted that pressurising health and social care workers can have damaging effects, leading to an erosion of trust, worsening concerns about the vaccine and hardened stances on declining vaccination. That there appears to be lower uptake among people from certain ethnic backgrounds needs serious consideration, and any policy on mandatory vaccination for staff must not be discriminatory.”

Click [here](#) for the source.

Extension of temporary suspension of the need for signatures on prescriptions, dental and ophthalmic forms

Source: DHSC/NHSBSA

This is an announcement on behalf of the Department of Health and Social Care (DHSC).

The Secretary of State for Health and Social Care has approved an extension to an existing temporary measure in England to help limit the transmission of coronavirus (COVID-19) by suspending the need for patients to sign prescription, dental and ophthalmic forms. The suspension has been in place since 1 November 2020 and is now extended for a further two months until 31 August 2021.

This is to avoid cross contamination and help minimise the handling of paperwork when collecting medicines or receiving dental and eye care. This will, however, be kept under review and may be extended, if there continues to be a cross infection risk, or removed, as soon as it is deemed safe for patients to resume signing forms.

Click [here](#) for the source.

Covid Delivery service extended, but only for patients notified to Self-Isolate by NHS Test and Trace.

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

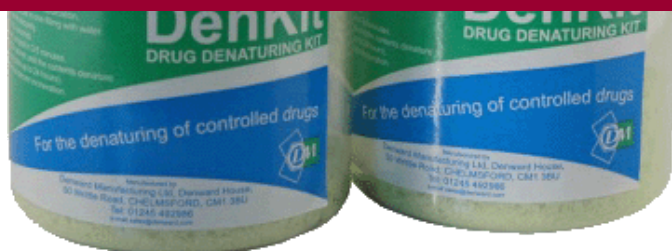
Visit dispex.net/news
for the latest news articles



Schedule 2 Controlled Drugs

CONTROLLED DRUG SUPPLIES

Order via DISPEX W: www.dispex.net | E: sales@dispex.net | T: 01604 859000



Copyright Surelines Ltd. 2011

DISPEX CAN PROVIDE YOU WITH ALL YOUR NEEDS IN CONTROLLED DRUGS

Every General Medical Practice, Registered Pharmacy, Veterinary Practice and Care Home will be aware that it is a legal requirement to record the obtaining and supply of Schedule 2 Controlled Drugs.



The **Controlled Drugs Registers** are fully compliant with Controlled Drugs current legislation. Prices start at **£21.83+vat** for Dispex members

Order directly for guaranteed BEST price!

DispexCD- the digital CD register is also fully compliant with Controlled Drugs legislation- click [here](#) for details. **Dispex members**-free with Dispex Membership from September 2021

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



Online CD Training

Ensure your team are up to date with the latest controlled drug legislation & classifications. Visit our [website](#) for upcoming training dates- **Only £45+ vat per delegate for members**

Standard Delivery Fee - £6+vat P&P per delivery on items up to 1000g.

Order: E: enquiries@dispex.net

W: www.dispex.net

T: 01604 859000

July/ 15

○ **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

Plea for practices to be trusted with booster programme

Source: Practice Index

Practices could face “arbitrary” limits on vaccine numbers when they take part in a planned massive programme of booster vaccination, it has been claimed.

NHS England guidance, released yesterday, envisaged three million vaccines being delivered weekly. It followed the government receiving advice earlier this week to begin booster vaccines for the most vulnerable people in September. Patients would receive a flu and COVID vaccine simultaneously. Data revealed this week also showed that practices have dominated the COVID vaccination programme, delivering 60% of doses and offering rapid second doses to young patients.

Last night GP leaders raised concerns that the latest plans would restrict practice’s ability to deliver vaccines.

British Medical Association GP committee chair Dr Richard Vautrey said: “Given the achievements of the first round of vaccinations, it makes no sense for NHS England to suggest limiting the proportion of vaccines delivered locally by practice sites – and we’d be concerned that this will be interpreted as a cap on general practice’s involvement in the programme and placing barriers in the way of patients being vaccinated by their local, trusted surgery team. On the one hand the letter proposes a ‘pull’ model in which sites can request supplies to meet their communities’ needs – something we have persistently called for – while at the same time suggesting arbitrary limits that take no account of local variations.

“While it’s good to see a commitment to continue funding additional staff to support the programme, GPs may be concerned at further hints of a bureaucratic and restrictive approach from NHS England – something that has been far too commonplace during the pandemic, and which has caused severe frustration among family doctors and their colleagues.”

Ruth Rankine, director of primary care at the NHS Confederation, said: “With pressures rising across all parts of the NHS, we welcome the clarity this guidance provides about the booster programme. We should not, however, underestimate the amount of work needed to plan for this amid the workload providers across the system are currently facing and alongside the traditional flu vaccination programme.

“Plans to spread the load to community pharmacy and other sites are welcome, but it is disappointing not to see the role of GP Federations acknowledged, given the significant amount of work they have delivered in the current vaccination programme. Primary care providers will now need to see confirmation of the funding available to undertake the programme, as well as assurance around supplies, including guarantees that they will be available when and where they are needed at every stage, from first doses to boosters.”

Royal College of GPs chair Professor Martin Marshall said: “A booster campaign will need to be accompanied by a sustainable workforce, perhaps using trained non-clinical staff as vaccinators alongside GPs and our teams, to ensure usual services can continue as we approach what is likely to be a very busy winter for general practice.”

Click [here](#) for the source





Intro to Practice Finance Tutorials

Our Intro to Practice Finance Tutorials covers the “the practice’s finances” and elements of dispensing profits! Also suitable for prescribing only sites!

Part 1 -Understanding **Practice** Income

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

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

DATE: 2ND SEP & 4TH NOV

Part 2 -Maximising Income

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

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

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

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

DISPENSARY/PHARMACY QUERIES

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

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

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

NVM Holdings [Northants] Ltd
office@nvmholdings.com



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 or **07792173112**



Leadership in Practice is a book for everyday, and every Manager and Leader. It's easy to pick up and read, as and when you need it. It's a book of short and simple ideas, thoughts and tools, enough to get you thinking and started.

Price £10.00, email gary@leadershipinpractice.co.uk for all orders.

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



10 % Members' Discount

DISPEX

Audit

Shaun Newman Dispensing Doctors Consulting

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

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

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

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

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

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

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

VAT Training Webinars

NEW DATE!- 15th July!!

Maximising HMRC VAT claims- **15th July 1-2pm**

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

FREE to attend

Webinar Time: 1-2pm

[CLICK HERE TO BOOK](#)

 **mha**
MOORE & SMALLEY

 **DISPEX**

July/ 20

PREDATORY PHARMACY APPLICATION



How To Spot a Predatory Pharmacy Application has been submitted before you are even told about it

When a Body Corporate or Sole Trader submits a Pharmacy Application there are a number of preliminary tests that NHS England has to undertake.

Firstly, the application has to be complete, the Fitness to Practice satisfied and some other bureaucratic parameters. Then NHS England has to triage to determine if a pharmacy application has been submitted and refused in the previous five years. This is known as the Five-Year Rule and before the application is even circulated interested parties whom NHS England deem that their interests are significantly affected are allowed to comment if there is any reason why the Five-Year Rule should not apply i.e. Significant and relevant change in the locality.

However, the Five-Year Rule only applies to areas that are designated as rural i.e. controlled localities as designated on the urban/rurality map of England that NHS England is obliged to keep an update. Any updates can only take place by a formal statutory process under the Pharmaceutical Services 2013 (as amended) Regulations. Therefore, NHS England is obliged to triage for rurality very early on in the application process. This process can take up to a year and is subject to appeal to NHS Resolution.

This rurality triage applies to any pharmacy application so that NHS England can determine whether all the specific Regulations for rural/controlled localities apply. There is no Five-Year Rule for Pharmacy Applications in urban/non controlled localities i.e. in towns and cities.

Because of this rurality triage rural dispensing practices may get an unexpected letter or communication from NHS England saying that their rurality is being re-assessed.

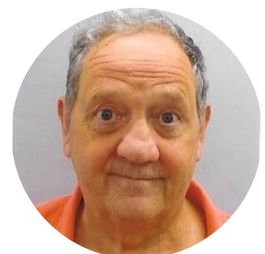
THIS IS A RED FLAG AND ALMOST CERTAINLY IF YOU RECEIVE SUCH A LETTER A PREDATORY PHARMACY APPLICATION IS ON ITS WAY.

However, this gives the opportunity to submit a competing Pharmacy Application during the period that rurality is being redetermined or otherwise. Most importantly both applications will be considered concurrently after the rurality determination. It is always your best defence to submit a competing Pharmacy Application. At best both applications will be refused. Maybe your application will be approved and you then have the option of having your own pharmacy in these difficult and turbulent times for rural dispensing practices. In the Author's experience as the practice's application would be collocated at the medical centre and with the difficulties of the predator securing suitable premises in rural villages very rarely is a predatory pharmacy application granted.

If you want the best initial advice which is complimentary to Dispex members regarding any aspect of rurality or Pharmacy Applications please do not hesitate to contact Nigel Morley MRPharmS on or at office@nvmholdings.com or 07725168453. Experience Counts



2010



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!

FREE FOR DISPEX MEMBERS

For details visit www.dispensingrx.co.uk



Log in



Analyse your market share

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

Register now »

Shoreline Medical Fridges

Are your fridges fully compliant and in good working order?

Get ready for the 2021
Influenza Vaccine Season!

Email sales@dispex.net
for details



DISPEX

Member discounts apply

July/22



£3 Per Visor

Mask Special offer-
50 3ply masks: £14

PPE FOR PRIMARY CARE

Order via DISPEX W: www.dispex.net | E: sales@dispex.net | T: 01604 859000

*While stock lasts

DISPEX IS HERE TO HELP YOU!

Ensure you have enough stock today - don't forget your receptionist, office workers, cleaners and delivery drives- **1 box of 50 3ply masks for only £14**

FACE MASKS

1 BOX of 50 3ply masks £14 While stocks last

FACE VISORS

Each visor £3

HAND GELS

GEL (ASEPSO) 50ML- £3.32 +vat

GEL 100ML (TOWER HEALTH) £3.74 +vat

DETTOL PRODUCTS

ORIGINAL LIQUID 500ML- £2.66 +vat

ORIGINAL LIQUID 750ML -£3.50 +vat

SOAP TWIN PACK 2X100G £1.07 +vat

SOAP SENSITIVE 100G £0.57 +vat

PLEASE NOTE

-Invoice will follow from Dispex Ltd, payment terms are 28days

-Minimum overall spend £20

-FREE Next Day Delivery on orders £50+

-Each order is limited to 9 of EACH item!

-LIMITED AVAILABILITY

ASK A DISPEX TUTOR



Dispex Member Query:

As a dispensing practice are we able to charge patients for the provision of MDS trays if there is no clinical need for the patient? Some patients have MDS for ease with carers, not for patient need!

Kirstye says:

Yes, you can certainly charge if patients do not come under the Equality Act- guidance.

With regards to 7 day prescriptions, CCGs are keen to remove those who have historically received 7 day prescriptions without need. However once an assessment has been made, you will need to assess all, if a clinical need has been established then you should continue to support this. In some areas there is a medicine support service in place from the CCG.

7 Day Disposable Compliance Aids are available through the Dispex office- FREE next day delivery on orders over £50 -click [here](#)

CUSTOMER SERVICE

NEW ADDRESS

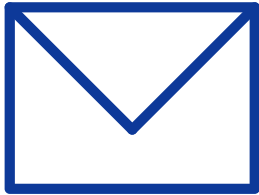


Please note we have a new postal address!



Dispex Ltd

18 Oxleasow Road, East Moons Moat, Redditch B98 0RE



sales@dispex.net
training@dispex.net
enquiries@dispex.net



01604 859000

10am-3pm



dispex.net

New look site is now LIVE



FOLLOW

US ON TWITTER

—
[@DISPEXLTD](https://twitter.com/DISPEXLTD)

LinkedIn®



CONNECT WITH US
DISPEX LIMITED

Dispex Membership

Putting the Patient First via; Training. Education.
Advice. Products. Profitability Tools.
For Dispensing Doctors



DISPEX
MEMBERSHIP

Please ensure you renew your membership on time, in order to retain access to the members' only area of the website! **Looking to join Dispex? Please click [here](#)** July/ 26



MDS UP TO
30%
DISCOUNT
AVAILABLE*

Manage your patients' dry eyes with one MDS scheme



Cost Savings:

Cost benefits vs. other dry eye brands, and savings for the NHS.



Attractive MDS Scheme:

Up to 30% discount available.



Patient Benefits:

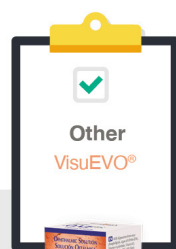
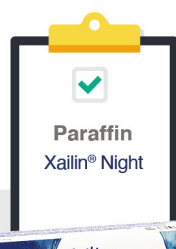
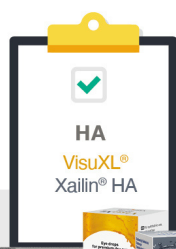
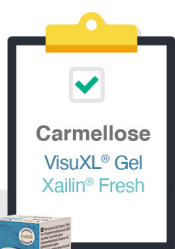
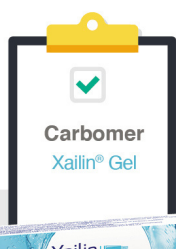
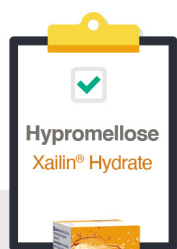
The VISUfarma product range is preservative free or preservative free in the eye.



Simple:

One MDS scheme to meet all of your patients' dry eye needs.

There are 150+ products available for dry eye.
These mainly fall into 5 molecular categories:



The VISULoyalty MDS scheme offers all of these, reducing the amount of space required on your shelf, reducing order time, limiting dispensing errors with consistency of brands and a cost effective range for the NHS.

The product range offers a variety of delivery mechanisms to suit all your patients' needs.



VISULoyalty is available via AAH, Alliance and PSUK. Talk to your wholesaler about signing up to this MDS scheme. A maximum of 50 packs of any product will be reimbursed under the MDS scheme. If you require a higher limit please contact VISUfarma to discuss your requirements.

Please contact VISUfarma HQ for more information

+44 (0)113 4680661 | UKCustomerServices@VISUfarma.com



*Based on purchases of any 50 units of the VisuXL®, VisuXL® Gel, Xailin® and VisuEVO® ranges within a calendar month

Job Code: VISU/UK/ALL/0253 Date of Preparation: June 2021