DGazette
YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues

PCSE Online Statements

VS

Exeter Drug Statements

news opinion articles learning & development technology offers

Editorial

It's an incredibly busy time for general practice and continues to be, therefore we aim to help members save time and money by producing easy to read profitability resources online. We have recently added new **Brand Comparisons** to the website, for Calcium and Vitamin D Combinations, Vitamin D Deficiency Loading Treatment and Nexplanon. Members can login to compare, don't forget to bookmark the site to view the regular updates!

Another way we support our members is via our phone and email helplines! If you are new to Dispex you may not be aware that membership provides access to the Dispex helplines, where you can ask our panel prescribing and dispensing queries. Our phonelines have been extremely busy over the last few weeks with calls from concerned members over the new PCSE statement.

The new statement seemed to be causing a lot of anxiety as it looks different to the old Exeter statement, therefore we have created a 3 minute comparison video showing how the Exeter statement translates to the new one. Dispex members can simply login to the website and head to Informatics page to view the comparison. Should you require further assistance after watching the video, please do not hesitate to contact the team via email enquiries@dispex.net or contact us on 01604 859000 (10am-3pm).

Want to ask a query **in person**? Well come visit us at this year's Best Practice and Respiratory Show, 13th-14th October 2021! The Dispex team will be available for a chat and will host live demonstrations of our new website! Click here to book your free tickets.

Best Wishes,

Claudy Rodhouse

Dispex Design and Marketing Contributor

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

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What's inside	Page

New Website Login	2
The New PCSE Statement	3
Dispex Tutorials	4-5
Brand Comparison Updates	6
DispexCD	9-10
NHSBSA Webinars	12
Patent Expiry Update	13
Dosette Boxes	17
Ask a Dispex Tutor	24
Membership Savings	28
Best Practice and Respiratory Show 2021	29

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 Understanding Brands, Branded Generics and Parallel Imports, as well as How to compare Generic prices.

Click here for a Members' User Guide

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 Oct 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

Members will need to register for a NEW login-see page 2 for details **CLICK HERE FOR A MEMBERS GUIDE**

DON'T FORGET TO REGISTER FOR YOUR LOGIN!!

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

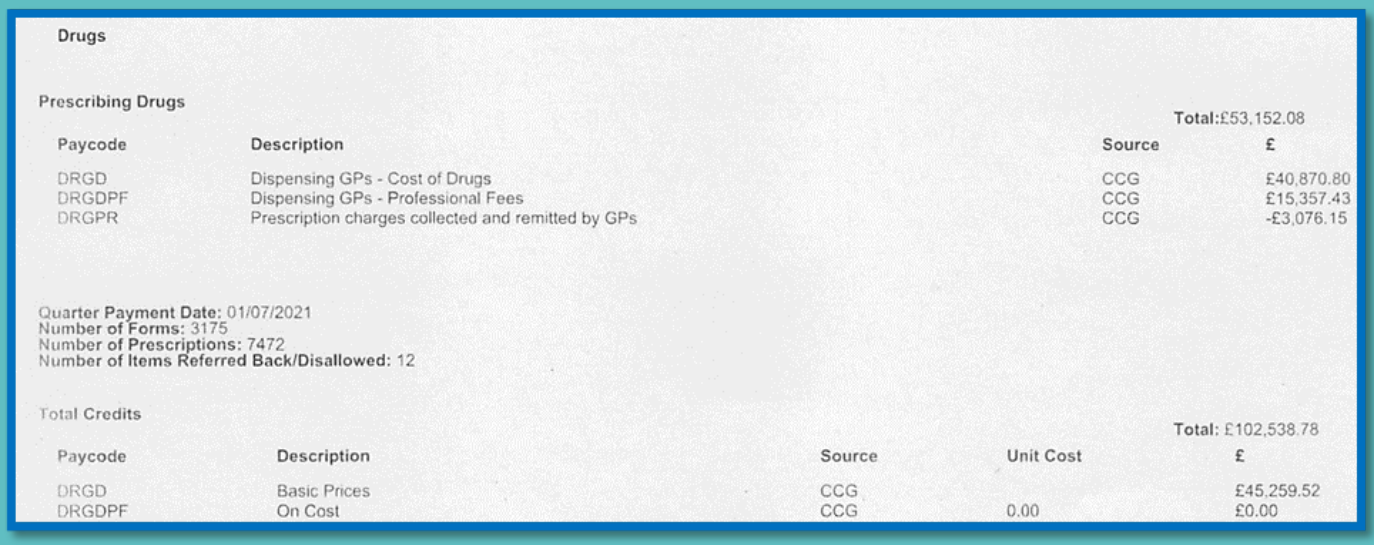
Once registered each surgery will be allocated with one user login, your new login will be issued to the registered email address- keep an eye on your inbox and junk folders! Once you've had a chance to login and look around the new website features, we would love to hear what you think! Therefore, please feel free to send us any feedback or submit any suggestions for additional features!

Click here for a Members' User Guide

Confused by the new PCSE Online Drug Statements?

Well, Dispex has produced an easy-to-follow comparison between the New PCSE and Old Exeter statements within our Informatics section of the website.

New PCSE Statement



Drugs

Prescribing Drugs

Total:£53,152.08

Paycode	Description	Source	£
DRGD	Dispensing GPs - Cost of Drugs	CCG	£40,870.80
DRGDPF	Dispensing GPs - Professional Fees	CCG	£15,357.43
DRGPR	Prescription charges collected and remitted by GPs	CCG	-£3,076.15

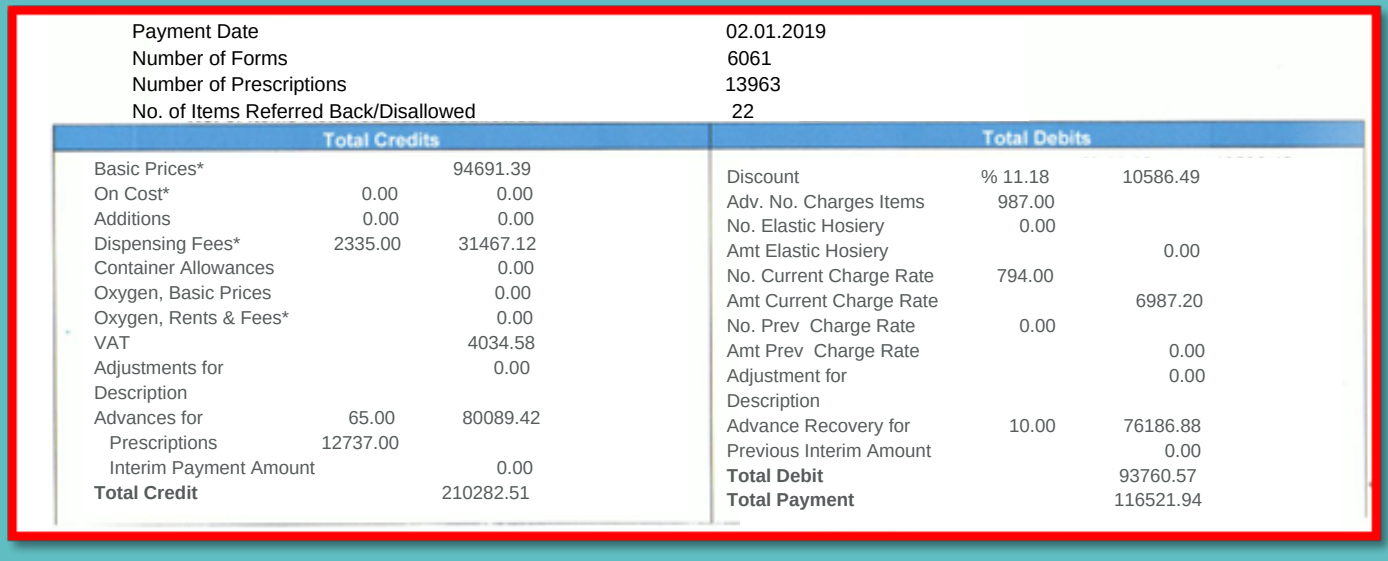
Quarter Payment Date: 01/07/2021
Number of Forms: 3175
Number of Prescriptions: 7472
Number of Items Referred Back/Disallowed: 12

Total Credits

Total: £102,538.78

Paycode	Description	Source	Unit Cost	£
DRGD	Basic Prices	CCG		£45,259.52
DRGDPF	On Cost	CCG	0.00	£0.00

Old Exeter Statement



Payment Date	02.01.2019
Number of Forms	6061
Number of Prescriptions	13963
No. of Items Referred Back/Disallowed	22

Total Credits

Basic Prices*		94691.39
On Cost*	0.00	0.00
Additions	0.00	0.00
Dispensing Fees*	2335.00	31467.12
Container Allowances		0.00
Oxygen, Basic Prices		0.00
Oxygen, Rents & Fees*		0.00
VAT		4034.58
Adjustments for Description		0.00
Advances for	65.00	80089.42
Prescriptions	12737.00	
Interim Payment Amount		0.00
Total Credit		210282.51

Total Debits

Discount	% 11.18	10586.49
Adv. No. Charges Items	987.00	
No. Elastic Hosiery	0.00	
Amt Elastic Hosiery		0.00
No. Current Charge Rate	794.00	
Amt Current Charge Rate		6987.20
No. Prev Charge Rate	0.00	
Amt Prev Charge Rate		0.00
Adjustment for Description		0.00
Advance Recovery for	10.00	76186.88
Previous Interim Amount		0.00
Total Debit		93760.57
Total Payment		116521.94

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 see page 5 for course descriptions. 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.

AUGUST

11th Aug - Understanding Profitability Part 3
12th Aug - Practical Dispensary Management Part 2
25th Aug - Business Management of a Dispensary Part 3

SEPTEMBER

2nd Sept - Intro to Practice Finance Part 1
8th Sep - Dispensary Customer Service Part 1
9th Sept - Business Management of a Dispensary Part 1
15th Sept - Drug Tariff & Endorsing
22nd Sept - Controlled Drugs Part 2
29th Sept - Understanding Profitability Part 1

OCTOBER

6th Oct - Dispensary Customer Service Part 2
7th Oct - SOPs
13th Oct - Business Management of a Dispensary Part 2
14th Oct - Intro to Practice Finance Part 2
20th Oct - Understanding Profitability Part 2
28th Oct - Controlled Drugs Part 1
29th Oct - Practical Dispensary Management Part 3

NOVEMBER

3rd Nov - Dispensary Customer Service Part 1
4th Nov - Intro to Practice Finance Part 1
9th Nov - Business Management of a Dispensary Part 3
10th Nov - DRUMS
17th Nov - Understanding Profitability Part 3
24th Nov - Dispensary Customer Service Part 2 **(3PM)**
24th Nov - Controlled Drugs Part 2
25th Nov - SOPs

DECEMBER

1st Dec - Drug Tariff & Endorsing
2nd Dec - Practical Dispensary Management Part 1
8th Dec - Understanding Profitability Part 1
9th Dec - Intro to Practice Finance Part 2
15th Dec - DRUMS

COURSE TIMES ARE 1-2PM
24TH NOV -CUSTOMER SERVICE - 3-4PM

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)

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

Intro to Practice Finance

Our Intro to Practice Finance Tutorials 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.

14th oct & 9th Dec

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.

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

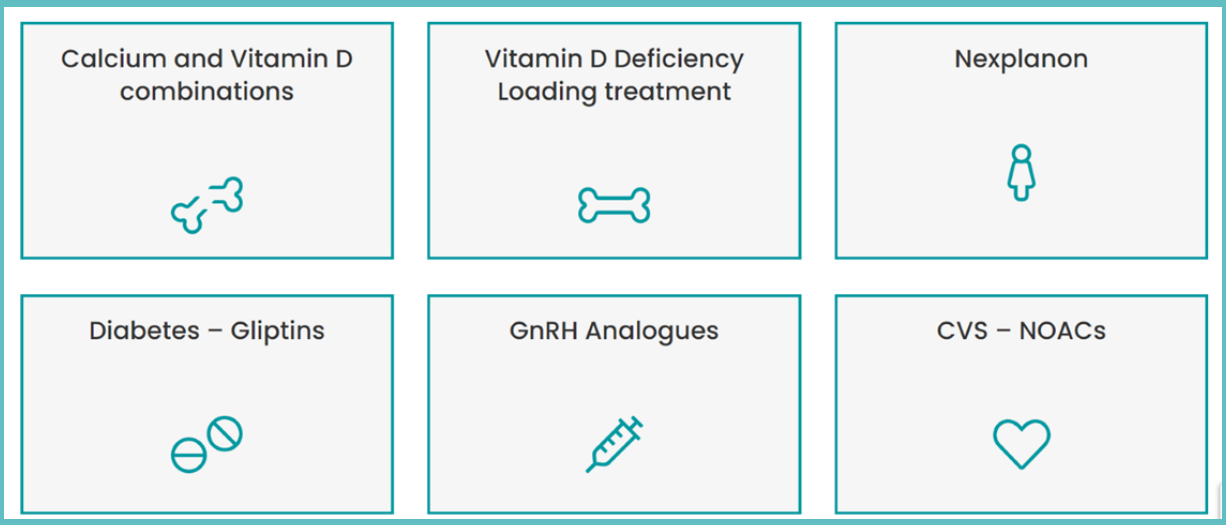
Generics Costing More Than Tariff

The August Generics prices have been updated on the Dispex website and there are still over 50 generics which cost more than the Drug Tariff price. This rises to over 120 when you take the Clawback into account.

Generics to look out for in August include some strengths of **Nitrofurantoin, Olmesartan,** Pioglitazone and **Pregabalin**. Dispex members can access the full list via this link. Remember to sign in as a member. If you have not yet signed up to access the members section of the new Dispex website, then please register HERE and you will receive your new login details (Information supplied by Spotdispensing.com).

Brand Comparison Updates

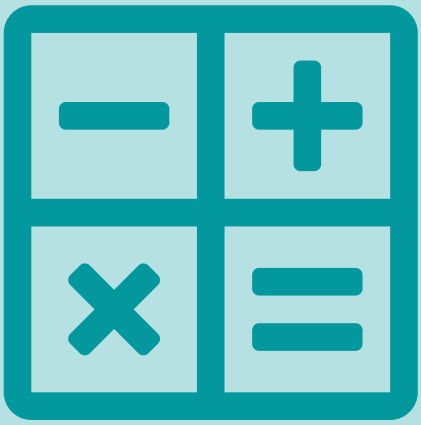
We have added 3 new sections to the Brand Comparisons. These are Calcium and Vitamin D combinations, where we compare the profitability of all the available branded products, showing NHS basic price, and profit. Our Vitamin D Loading dose comparison looks at the high dose Vitamin products on the market and as the number of tablets per pack varies, we have compared profitability and price per tablet. We have also added an explanation of what happens with Nexplanon to the Brand comparisons.



This information is available to Dispex members only, you will need to login to view the updates!

GENERICS

Costing More Than Tariff



Each month over 100 generics, as priced in the Drug Tariff or DM+D, are priced at a lower price than the purchase price. When you take the clawback into account, this jumps up to nearer 150 generics.

The following **example** table highlights commonly dispensed generics which will make dispensing practices a loss as the best purchase price (from our preferred provider's price list) is more expensive than the reimbursement basic price. Members can login to utilise the full table!

Product	Pack	Tariff	Tariff minus Best Price ▲	Best Price	BRAND	Advice
(a) last updated 1st July 2021						
Amantadine 100mg Caps	14	£5.65	-£3.14	£8.79	TEVA	Change (no endorsement)
Amorolfine 5% Paint (P)	3ml	£4.13	-£4.82	£8.95	ASPIRE	Change (no endorsement)
Baclofen 10mg Tabs	84	£1.81	-£1.40	£3.21	TEVA	Change (no endorsement)
Cetirizine 1mg/1ml Syrup S/F	200ml	£2.45	-£2.04	£4.49	PINEWOOD NO PRICE	Change & Endorse Best Price

Members can login to find a detailed description on how to use this page!

Non-members can join here

Can technology sit comfortably at the heart of the community?

Gary *Paragpuri, CEO, Hub & Spoke Innovations*

Can technology sit comfortably at the heart of the community?

Finding silver linings in the clouds of the pandemic might feel like an impossible task, but look hard enough and signs of positivity are there to be found.

One example is our sense of togetherness. A poll carried out by research firm ICM found that 41% of people feel COVID-19 has made their community more united – more than three times as many as those who said it had become more divided (13%).

Some commentators have also suggested our collective experiences during such a difficult time, symbolised by standing together on our doorsteps clapping for the NHS and providing shopping and supplies for vulnerable neighbours, have made society more cohesive, and might even encourage the idea of "community" to be redefined for the 21st century.

For dispensing practices, question marks may be raised as to whether this is necessary at all. In recent weeks, we have spoken to several Pharmaself24 customers to learn more about the story behind their decision to invest in 24/7 prescription collection technology, and it is clear that they all remain steadfast in their position at the heart of strong communities. Many not only provide essential healthcare services, but also sustain an overall level of welfare and emotional care that would be seriously damaging if lost.

And yet there is no escaping the fact that threats exist. Just as the pandemic has acted as a catalyst for community cohesion, it has also spurred an acceleration in the uptake of e-commerce and online services, including internet pharmacy.

In every case, the Pharmaself24 has provided our customers with a counterpoint to this threat. It has enabled dispensing practices to further enhance their patient provision through the ability to collect prescriptions 24 hours a day. In one heart-warming story, a GP was able to help an elderly patient in need of urgent pain-relief despite not receiving their call for help until the very end of the working day.

Because it is embedded within the walls of the building, the Pharmaself24 ensures the surgery remains at the heart of these moments, underlining how technology can help reinforce our sense of community as we move into the post-COVID world. For more stories of how the Pharmaself24 is supporting our customers and their patient communities, visit pharmaself24.co.uk/case-studies

No queues, no waiting, no fuss.

For more information please visit pharmaself24.co.uk

Hub&Spoke INNOVATIONS
SECURE COLLECTION TECHNOLOGY

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 October 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 hand-writing, 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 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

WWW.DISPEX.NET

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

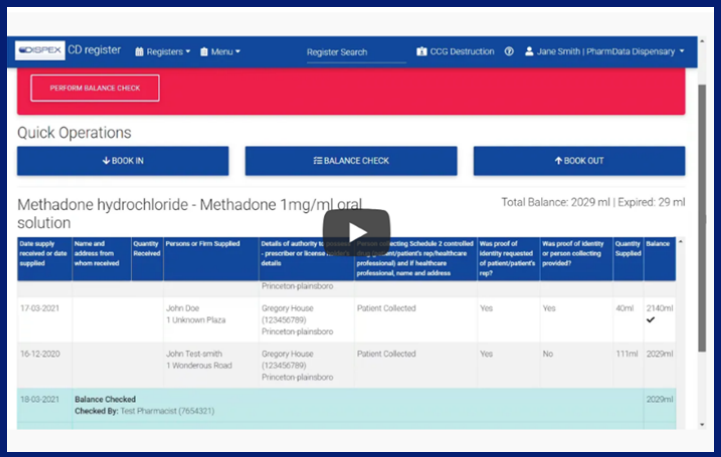
1.8.3 Health professionals and service providers who are required by the 2001 Regulations to maintain a controlled drugs register must have an authorised person present to witness the destruction of stock controlled drugs in Schedule 2 in line with Regulation 27 of the 2001 Regulations.

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!



Have a look around the DispexCD and see how easy it is to use- Visit the above Youtube video

Aug/10

NEW TO PARTNERSHIP? HOW YOUR £20,000 START-UP LUMP SUM WORKS

NHS England announced the New to Partnership Payment Scheme (N2PP) from 1 April 2020 which gives those eligible a lump sum to support them to start up as a new partner. Applications must be made within six months of becoming a partner and you could receive £20,000 if you work full time (this sum is pro-rated for part time GPs working a minimum of two sessions per week) plus a contribution towards on-costs of up to £4,000.

THE N2PP PAYMENT IS TAXABLE BUT IS NOT PENSIONABLE

The scheme is designed to increase the number of partners working in primary care and stabilise the GP partnership model and will run until at least March 2022. GP Practices often have a year end of 31 March with some new partners joining on 1 April so care is needed over the start dates for new GP partners when approaching 31 March 2022.

The other main eligibility criteria for the new partner includes being a Health Care Professional working in general practice, to not have been a GP partner previously in England, to have an equity share of profits of the partnership, to commit to remaining a partner in a GP practice for five years. It is expected that the scheme will evolve and so keeping up to date with guidance is important.

This money can be used by partners to fund their share of working capital going into the practice. Often when a new partner joins a partnership, although there may be in increase in pay, actual take home pay can be lower for some time because the new partner needs to contribute to the practices' working capital. The contribution is normally financed by reduced monthly drawings for a period or repayment of borrowings on a loan taken out to fund a share of working capital.

There will be a partial claw back of the N2PP scheme payment where the new partner either reduces their sessions or ceases to be a partner within the five year period.

In addition to the N2PP, new partners are able to access a training fund of up to £3,000 (not pro-rated for part time GPs) to help build the business skills required to develop into their partnership role. This covers non-clinical training only and the GP must have approval from the CCG.

BDO has developed a program to deliver one to one training on practice financial issues for new partners. As a new partner, an understanding of the partnership accounts is important together with the implications of buying into practice premises. It is equally important to understand your responsibilities to HMRC moving into self-assessment and reporting pensionable earnings to PCSE.

If you are a new partner and would like information on this program please get in touch with our team.

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

FOR MORE INFORMATION:

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

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

IDEAS | PEOPLE | TRUST

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www.bdo.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 renumeration 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

NHS Business Services Authority

DISPEX

Patent Expiry Update

The Dispex Informatics page with Patent Expiry dates has been updated with products which are due to come off patent in 2021 and 2022.

Dispex Members can see the latest Patent Expiry dates so that you can plan for when products come off patents.

Not all products are offered as generics soon after their expiry date. Products coming off patent will often lose their discount. Expiry dates may be extended by the drug companies.

This information is available to Dispex members only, you will need to login to view the list. Don't forget members will need to register for a NEW login for the new website!!!

CONTROLLED DRUG SUPPLIES

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

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.

Back to work employment advice

The global pandemic has resulted in a lot of "firsts" for employment law in the UK. Many employers will have implemented remote working for the first time or had Covid-secure measures in place, such as facemasks and social distancing. Others will have had to tackle major communication and conduct issues. When it comes to returning to the office, employers will have a lot to think about.

Requiring employees to return to the office: Although a change in homeworking guidance only applies in England for now, there may be reasons why employers across Great Britain have to bring staff back to work. Employee safety must be the priority during the initial return to work period. Where it is required that they return to work, employees will need to be reassured that the necessary measures have been put into place to ensure their safety. Requiring employees to work in an environment that puts their health/safety at risk could breach an employer's duty of care.

Some employees may be cautious about returning to the workplace for fear that it puts them at a greater risk of contracting coronavirus, especially if they are clinically vulnerable. This may be fuelled by news reports from health officials warning of the risks of easing restrictions too early. Employers may wish to explore requiring their staff to return to the workplace. This is an option, however, employers should be careful about doing this as it could lead to a decline in staff retention and/or morale, or even cases of automatic unfair dismissal if health and safety issues are raised and the employer is found to have acted unlawfully.

Rather than requiring employees to return (e.g. stating that an employee will lose their job if they don't return), it is important to first determine why the employee is reluctant. Once this has been established, the right kind of conversation can then be had with them – keeping their specific circumstances in mind, as well as government guidance, and the needs of the business. It may also be helpful to prioritise returning reluctant employees to work after they have had their second dose of the Covid-19 vaccine – if this is something they wish to take up.

Requiring employees to get vaccinated: When it comes to vaccines, arguably, the biggest question that many employers will have is whether they can legally oblige their employees to take the vaccine before returning to work. The Government has not chosen to make COVID-19 vaccines mandatory, except for workers within the care sector.

For the majority of employers, the most appropriate course of action will be to encourage staff to take the vaccine. Enforcing vaccinations, and disciplining employees who refuse to get vaccinated, could lead to costly constructive dismissal or even discrimination claims – unless such action is justifiable. Discrimination may arise where employees have valid reasons for their refusal which are connected to a protected characteristic under the Equality Act 2010.

Requiring employees to wear masks around the office: Employers have a duty of care to safeguard the health, safety and wellbeing of their employees and this has not changed despite the Government's change in guidance. When making a decision, employers should consider the nature of the workforce and listen to individual concerns. If employers decide to make face coverings mandatory in the workplace, they should remember that some employees may continue to be exempt. Employers should also be prepared for some resistance from whichever side of the facemask/no facemask argument has not gotten their preferred outcome. Dealing with this should be on a case by case basis. Employees should be expected to comply with workplace rules.

However, to manage any such resistance, employers are advised to listen to individual circumstances and explain how these have been taken into account in risk assessments.

Paying staff who return from abroad: The requirement for employers to pay their staff if they must quarantine for 10 days after returning from abroad will depend on how the quarantine period is managed. Employers are not obliged to pay staff for quarantining if the reason for doing so is travel. This rule applies both when employees are working from the office and when they are working remotely.

However, if employees work from home during their quarantine period, they should be paid as normal. They should also receive full pay if they take annual leave during this period.

Next steps: Homeworking and social distancing rules have changed in England, and it is hoped that Scotland and Wales will soon follow. However, this does not mean that employers should not be cautious. Employers should carry out the appropriate risk assessments to determine:

- *how quickly staff should be brought back*
- *who should be brought back*
- *the safety rules that should be in place, e.g. facemasks, and*
- *whether it is appropriate to wait for most employees to be vaccinated before filling up offices.*

For expert advice and guidance on the HR and employment law contact Peninsula on 07966 112 073

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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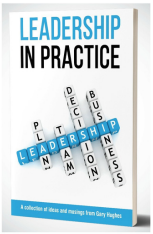

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The Sun Is Shining and A New World Awaits

By Nigel Morley-NVM Holdings Ltd

The Sun Is Shining and A New World Awaits

As we go into the new world of Stage Four Living with Covid we can now plan with some more certainty for the future.

If your future plans include a delayed re-development of your practice surgery or even possible relocation. Have you considered applying for a pharmacy licence or more correctly known as a Grant of Consent to join the Pharmaceutical List of NHS England at or near your main or branch surgery?

If you would like a free handout on the pro's and con's together with some FAQ's the Author will be delighted to assist you. All initial long-distance advice for Dispex members is complimentary courtesy of your membership.

If you would prefer an NHS teams conference call this could also be provided at no cost. A practice visit is only really necessary when you are minded to proceed. None of the above places any Dispex member under any obligation.

It is likely as England opens up that you will be hearing more from NHS England regarding predatory pharmacy applications, reserved locations and challenges to your rurality.

You may even get queries regarding your Historic Rights if you became a dispensing practice prior to 1986.

Nigel may be contacted either through the Dispex office or directly on 07725 168453 (if urgent) or preferably office@nvmholdings.com

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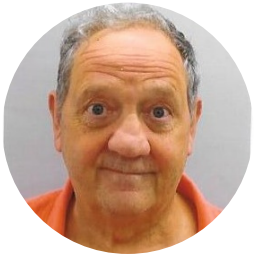

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The safer management of controlled drugs

Source: CQC

This report looks at what we have found through our over-sight of the management and use of controlled drugs in England.

The data in this annual update relates to the calendar year 2020, but we also include relevant information for the first half of 2021 and cover the period during the COVID-19 pandemic.

We have also published the 2020 activity report for the Controlled Drugs National Group.

What we found from our analysis of the data and our wider inspection and regulatory work, we make the following recommendations to drive improvement in the safer management of controlled drugs:

1. Providers need to include controlled drugs governance as part of their COVID-19 recovery plans
2. Providers should enable all health and care staff to freely engage and participate in activities that support reflection and learning
3. Those leading and working in local health and care systems need to collaborate to reduce risks of avoidable harm associated with controlled drugs
4. All health and care professionals need to prioritise personalised patient care in the context of controlled drugs

Read the recommendations in full here.

Central Alert System- Tinzaparin Sodium Alert

Source: MHRA July 29, 2021

Unavailable From Mid October!

MHRA has issued an alert via the Central Alert System for Tinzaparin sodium (10,000 IU/ml) 3,500 units in 0.35ml and 4,500 units in 0.45ml pre-filled syringes - Supply Disruption These will be unavailable between middle of October 2021 and January 2022 (date TBC).

All other presentations of tinzaparin remain unaffected by this supply disruption.

Organisations who use tinzaparin for both prophylaxis and treatment of venous thromboembolism will need to consi-der if they wish to switch to an alternative low molecular weight heparin (LMWH) for all indications or just for prophylaxis.

Click here for the full source guidance

Latest statement on GP data for planning and research

Source: BMA & RCGP

A joint statement from the BMA and RCGP on the latest updates in NHS Digital's GPDPR (GP data for planning and research) programme.

Health minister Jo Churchill has today written to all GPs in England, setting out plans for the next steps for the GPDPR (GP Data for Planning and Research) programme and extending the timeframe beyond 1 September. The RCGP (Royal College of General Practitioners) and BMA have been closely involved in discussions over the steps that are necessary before any data collection can comme-nce under GPDPR, and welcome the commitments made in these latest plans.

We have always recognised the crucial role that GP data has to play in research and planning which can improve public health but have made it clear that it is important for patients and the public that this data is only made availa-ble for appropriate purposes, and in a secure and trusted manner.

We are encouraged by the plans outlined today which will allow more time for improvements to be made to the GPDPR programme and to build understanding and trust amongst the public and the healthcare system. In today's letter, the Secretary of State commits to ensuring data collection will only begin once important conditions have been met.

We have consistently called for greater and improved communications and engagement around the programme, as well as for a number of improvements to the program-me itself. These improvements include the need to simpl-ify Type 1 opt-out processes, ensure the right to deletion of data that has been collected by NHS Digital prior to a type 1 opt-out being registered, and to ensure the security of data collected, by committing not to disseminate data but instead exclusively making data available via a trusted research environment.

It is positive to see that key points have been acknowle-dged and addressed in the latest plans. We will continue to work closely with the government, NHSX and NHS Digital to ensure that these plans are delivered appropr-iately and to represent the views of our members as the programme develops.

Read our joint letter to NHS Digital and NHSX

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

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The power of the written word

By Clare Enston- NHS England

Every day patients and staff across the NHS take the time to share their experiences. The national NHS survey programme plays a key role in making this happen and we know that many individual NHS providers go to great lengths to invite feedback from staff, patients and their carers. This information is hugely valuable as it helps us to understand how we are doing against our ambitions.

The words that people take the time to write are rich and powerful, reflecting the fact that the NHS touches people at a time when care and compassion are what matters most. This is why we are now thinking about how the NHS can make the best use of these words – technically known as "unstructured data" – the words people use to feed back in their own terms.

The 2020 NHS staff survey asked 2 COVID-19 specific questions for staff to answer in their own words.

- What worked well during the pandemic that should be continued? and
- What lessons should be learned?

We are hugely grateful to the many NHS staff who took the time to respond and take our responsibility to analyse the 700,000 comments received very seriously. All data submitted through the survey are confidential. It is impossible to identify an individual's responses; comments are anonymised before they are made publicly available. We are committed to supporting NHS trusts to navigate, read and take any necessary actions for improvement in response to these powerful NHS staff reflections.

The NHS staff survey is one of a number of tools that generate large volumes of comments across the NHS. For us to make sense of the many millions of words written about NHS experiences at a pace that allows them to be used to make a difference, we need digital technology. While human connection and the need to listen directly to staff, patients and carers will always be necessary, machine learning, and the use of digital technology, is now also an essential component in the insight toolkit. We have a number of projects running to try and use this technology to support the system.

We recently worked with a number of NHS trusts as part of a Cancer Improvement Collaborative focused on improving the experiences of people with rare and less common cancers. To provide additional intelligence to inform and guide this work, we commissioned PEP Health (The Patient Experience Platform). Our aim was to use advanced algorithms to collect, sentiment analyse, and rate comments to form a score on the quality of care.

Comments were gathered from review sites, social media and other sites where users publicly comment on the quality of care they have received It is important to note that we did not collect individual characteristics such as the age or sex of posters nor did we seek to derive it.

Never before has digital data from social media been used in this way for NHS cancer services and it is encouraging that the outputs from this work show exciting potential to improve our understanding of what people say. Overall, the work found a positive picture, with cancer related comments scoring higher than all other comments.

However, there were also some important key differences found, such as comments from those with rare and less common cancers were less positive on fast access compared to all other cancer and non-cancer comments. The work also showed that cancer patients talk with more frequency about continuity of care and clear information. It is also encouraging to note that this data, alongside the National Cancer Patient Experience Survey is supporting improvement projects including work in East Lancashire to develop a database of diagnosed Neuroendocrine Neoplasm patients.

We are also really excited to be working closely with 2 NHS teams (Imperial and Nottinghamshire). We are supporting them to explore how their locally built methodologies can be used to best understand the great volumes of anonymous comments provided by staff and patients through the NHS Friends and Family Test. Following development, the methodologies will be piloted and interim solutions delivered. If we are able to find a way to scale up these methodologies, their machine learning algorithms could be game changing for NHS providers.

This work is real innovation on the edge with the potential to bring about great and meaningful improvements to patient care and staff experience through the power of words. The ambition is to share and spread this work further as well as better our understanding of what the NHS and the people who use it and deliver its services need – please do get in touch if you are interested in learning more or sharing work you are undertaking in this area.

You can contact the Insight and Feedback team using: ENGLAND.**Insight-Queries@nhs.net**

ASK A DISPEX TUTOR

Dispex Member Query:

We attended your DSQS course this year and we would like to follow up on the idea of the DSQS audit on EpiPen/Jext expiry dates and recall to patients. Please could you point us in the right direction?

Mel says:

If you are SystmOne users, set up a recall system for patients that are dispensed these. Send all relevant information- print using the following link which suggests to have TWO pens at all times https://www.gov.uk/drug-safety-update/adrenaline-auto-injectors-updated_-advice-after-european-review

Inform the patients of what you are doing and ask them to provide you with their current adrenaline auto injectors, batch numbers and expiry dates and how many they have. Once the data has been gathered input this to build your database. Your dispensary team will be involved in maintaining the database when a patient is issued with a new auto injector.

Dispex members can contact the helpline (enquiries@dispex.net or 01604 859000 10am-3pm) for further guidance. For upcoming DSQS tutorials click here.

Call for practice recovery plan

Source: Practice Index 29th July 2021

General practice needs an action plan for recovery, the new leaders of the NHS were told today.

A five point plan includes a call to ensure practice premises are fit for purpose within three years. This would allow safe care to delivered in modern buildings with reliable technology, according to the Royal College of GPs.

The college issued its plan addressed to new Health Secretary Sajid Javid and new NHS England chief executive Amanda Pritchard. It says the NHS must eradicate bureaucratic burdens and unnecessary workload faced by GPs also within three years. The college also calls for a "strong voice" for GPs in the new integrated care systems, which will gain legal status if Parliament approves the current Health and Care Bill, launched by Mr Javid.

The government must also "ramp up" efforts to deliver the Conservative election promise of achieving 6,000 more GPs in the next three years, the college says. Recent data shows declining GP numbers in spite of significant increases in trainee numbers.

Finally, the college says more needs to be done to improve recruitment and integration of up to 26,000 other staff due to join practices by 2024. The college says GP consultation numbers are now 11% greater than two years ago – but in six years the number of full time equivalent GPs has fallen by 4.5% or 1,307 posts. It warns that at least a third of doctors are considering leaving general practice within five years.

College president Professor Martin Marshall said: "General practice has been running on empty for too long. Despite the enormous strain under which GPs and their teams have been working, the latest independent GP patient survey reveals patients' positive experiences. This is a testament to the efforts of GPs and their teams but the situation can't continue for much longer without serious consequences. We need an expanded workforce with the appropriate support and premises if we are to improve access, reduce health inequalities, ensure patient safety, and give GPs more time to care for and build trusting relationships with their patients.

"We are offering the new Secretary of State and the incoming leader of the NHS in England ready-made solutions to the problems that have beset general practice for more than a decade – our proposals will improve the care of patients for generations to come. We now need urgent action and for those solutions to be implemented."

Click here for the source

NHS England continues with the suspension of face-to-face DSQS reviews

Source: NHS England and NHS Improvement

Arrangements for primary care from 19 July 2021

This letter outlines our continuing expectations across primary care in relation to access, infection prevention and control, and continuing contractual/regulatory arrangments. It also confirms that a number of the standard opera-ting procedures (SOPs) that have been in place since March 2020 will be withdrawn from 19 July 2021.

Click here to read the source article

GP appointments up 31% compared with pre-pandemic levels

Source: GPOnline By Nick Bostock on the 29 July 2021

General practice in England delivered 31% more appointments in June this year than in June 2019 once COVID-19 jabs are factored in, according to official data that reveal the extent of pressure on primary care.

The data show that even excluding COVID-19 vaccine appointments, total appointments in general practice in June 2021 were just over 13% up on the same month in 2019, before the pandemic.

GP practices in England delivered over 31.1m appointments in total in June 2021 according to the figures from NHS Digital - including 4.2m as part of the COVID-19 vaccination programme.

An estimated 26.9m appointments were delivered not including the COVID-19 vaccination programme - up 13.1% from 23.8m in June 2021. Once COVID-19 jabs are included, the rise compared with June 2019 comes to 31%.

GP crisis: The figures come as the RCGP called on 29 July for an 'emergency rescue package' for general practice - warning that the profession was in crisis - with an inadequate workforce left 'at breaking point' by intense demand from an already growing and ageing population, with added pressure on top from the historic NHS backlog. Click here and login to read in full article.

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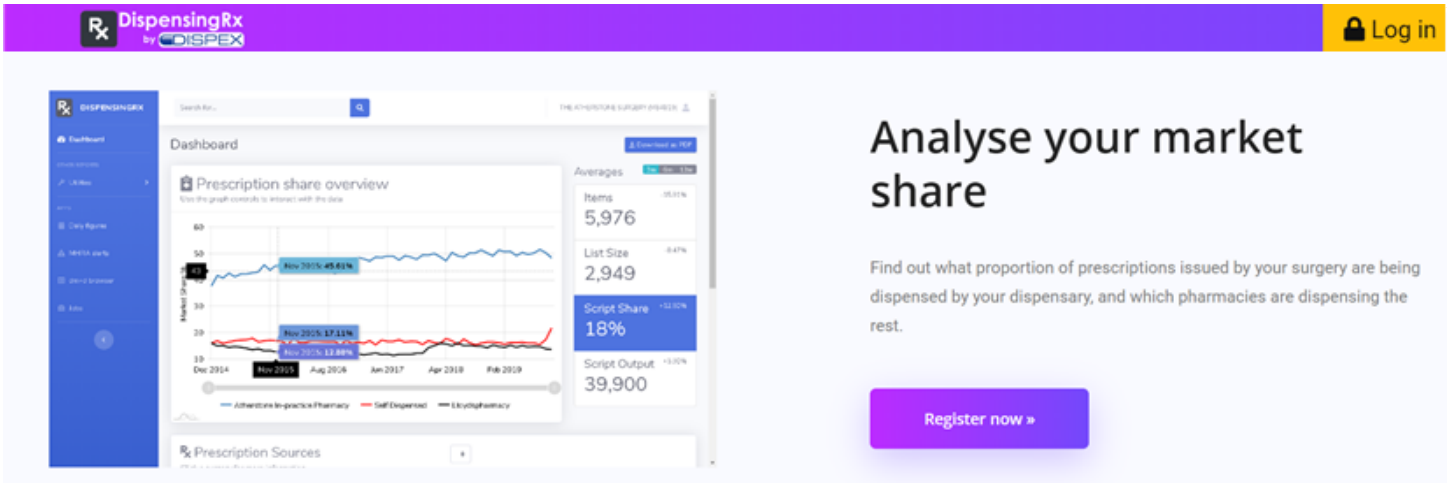

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Call for training on undocumented patients

Practices may need improved training about the rights to care of people without documentation, a senior GP has said after an investigation showed how thousands of people were unable to access COVID vaccination.

Researchers from the Bureau of Investigative Journalism found many practices refusing to register patients without documents to prove their ID, address or immigration status. NHS policy in England, Wales and Scotland is that practices should not refuse registration for these people so they have access to health care.

The researchers found that in large cities with large transient populations just 24% of practices would certainly register these patients. Some 62% of practices refused these patients and in 14% of cases, staff said they were uncertain of the rules. Patients were also told they would probably not be able to have the COVID vaccine.

Dr Deepti Gurdasani, an epidemiologist at Queen Mary, University of London, said: “While the government says vaccines are available to all, this is just an empty statement given it has clearly done very little to ensure that this is actually the case and the reality for those on the ground is clearly very different. From a public health and humanitarian perspective, this is extremely concerning.”

Dr Victoria Tzortziou-Brown, joint honorary secretary of the Royal College of GPs, said: “A lack of ID or proof of address, immigration status or language should not be barriers to patients being able to register at a GP practice – or access important health interventions, such as COVID-19 vaccination.

General practice is the first point of contact with the health service for 90% of patients and it is in everyone’s best interests that all patients are able to access our services, so that we can deal with their health conditions before they become more serious, or in the case of vaccine programmes, help prevent them in the first place.

“It is very important for addressing health inequalities that all patients can access general practice and if people face barriers due to a lack of awareness, sometimes because of past miscommunication, around registration eligibility rules, this needs to be addressed. To this end, the RCGP has supported the Doctors of the World’s Safe Surgery initiative which has produced tools for GP practices to take steps to improve GP accessibility for all, including those in inclusion health groups.”

Dr Tzortziou-Brown added: “The College has previously put forward proposals to maximise social inclusion in general practice and make access easier for those who are entitled to it – including via better training for receptionists and clinical staff around the legalities of who is entitled to care and what documentation is necessary, so that vulnerable people don’t fall through the gaps because of avoidable technicalities.”

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