DGazette
YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues

Interactive Learning With

DISPEX EDUCATION

Learn at your own pace!!

Editorial

We hope you and your colleagues can join us in person (hurrah!) for the biggest event for General Practice and Primary Care, returning to the NEC in Birmingham on 13th & 14th October 2021. Click here to book your free tickets via the Dispex link!!

Come and visit the Dispex stand for a chat, we'll be more than happy to walk you through our new one-stop-shop website and our digital CD Register platform -DispexCD (free to Dispex members*). Our new site provides Dispex members access to all the information you will need to ensure the viability and profitability of your dispensary.

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. Our Profitability Tool for dealing with Generics Costing More Than Tariff is accessible to Dispex members and will help offset some of the predicted losses with the slash in Category M prices.

Over the two days we shall provide demonstrations of the new Profitability Tools including generics costing more than Tariff, brand comparisons, positive parallel imports- alongside walk throughs of our digital DispexCD register.

We are also looking forward to introducing delegates to our new online modular learning platform Dispex Education - *learn at your own pace!!*

Dispex Education is due to launch in the coming weeks, the platform provides Dispex members with engaging and relevant training to help you to upskill and further your personal development. Dispex Education, will offer a wide variety of online courses, starting with **Personally Administered Items & VAT** and will shortly be followed by **Training for New Dispensers and Apprentices.** Please see pages 3-4 for details -50% Dispex member discount applies!!

We are very excited about our new developments, as well as our existing training tutorials, products & services and we will continue to work in the best interests of Dispex members'. Currently not a Dispex member? No worries, simply visit the Dispex website for details on membership!!

Best Wishes, ***Claudy Rodhouse***
Dispex Design and Marketing Contributor

**one free DispexCD account per member, commencing October 2021 and only from your renewal date and thereafter*

The Dispensary Gazette
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Best Practice

13-14 October 2021
Birmingham NEC

The Home of General Practice

DISPENSING DOCTORS' ASSOCIATION

Incorporating The DDA Annual Conference

A Two-day Conference and Exhibition for General Practice and Primary Care Professionals!

FREE FOR ALL HEALTHCARE PROFESSIONALS

EARN 12 HOURS OF CPD

Dispensing Doctors Sessions include:

- **State of the Nation** (including Q&A)
  Dr Richard West, Chairman, DDA
- **Drug Tariff and the DM+D made simple**
  Dr Neil Windsor-Jones, Board Member, DDA
- **Dispensing Past, Present and Future**
  Dr David Baker, Board Member, DDA
- **Green General Practice and Dispensing** (including Q&A)
  Dr Katharine Edmonds, GP
- **DSQS** (including Q&A)
  Dr Ben Burgess, Board Member, DDA

REGISTER NOW

13-14 October 2021, NEC Birmingham ◆ REGISTER NOW

WWW.BESTPRACTICESHOW.CO.UK/DISPEXAD

Prescription collection.

It can be a beautiful thing.

Every week, thousands of patients across the UK are now able to pick up their prescription at whatever time of day, or night, they choose thanks to the Pharmaself24.

For dispensing surgeries, it reduces queues, saves time for staff, and adds 24/7 convenience - plus a dash of Italian design flair - to the patient experience.

Visit us at the Best Practice show at the NEC on October 13-14 and learn more about how to enhance prescription collection for your patients.

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www.pharmaself24.co.uk

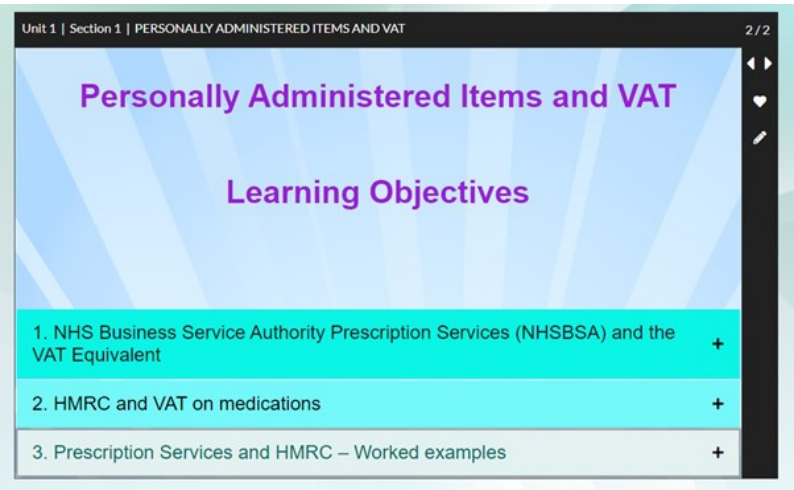
Hub&Spoke INNOVATIONS
SECURE COLLECTION TECHNOLOGY

NEW for 2021- Dispex Education!

Here at **Dispex Education**, we offer a wide variety of engaging and relevant online courses to meet the needs and requirements of all Dispensing Doctors' staff, whether you are an Apprentice, New Dispenser, Experienced Dispenser, Dispensary Manager, Practice Manager or Dispensing Doctor.

Dispex Education provides flexible **online interactive learning**, allowing you to complete any course in your own time and at your own pace. Each module is followed by an interactive quiz, students will need to pass all in-order to achieve the final certificate. However, students will have the opportunity to reflect and retake each quiz.

The platform is due to go live this month, our first courses will be on Personally **Administered Items & VAT**, Conflict Management, COSHH Risk Assessment, Organising and Delegating, Stress Management and much more. **Training for New Dispensers and Apprentices will follow!**



Member Discounts

Dispex members are entitled to a 50% discount per student/ per course, please contact the office via training@dispex.net to obtain the members' discount code.

Please see the next page for further details!

NEW for 2021

DISPEX EDUCATION

A Comprehensive Guide to Personally Administered Items & VAT for Dispensing Practices

Four hours of educational content

Part one aim:

- To be able to distinguish a Personally Administered (PA) item easily
- To understand how NHSBSA Prescription Services (NHSBSA) distinguish PAs
- To understand how the NHSBSA reimburse the VAT equivalent on PAs
- To understand the dispensing and prescribing rules pertaining to PAs
- To gain easy access to a list of more commonly prescribed PAs as deemed by the NHSBSA

Part two aim:

- To understand how HMRC distinguish PAs items
- To understand how practices should deal with PAs for their VAT returns
- To understand the different categories of VAT and how they apply to medications dispensed by Dispensing Doctors (DDs)

Part three aim:

- To explore the possible ways of dealing with PAs and VAT depending upon how PAs are interpreted by HMRC and by NHSBSA independently.

£90 inc VAT -Per Dispex member
£180 in VAT - Per Non-member

Once you have completed all the Units and answered the questions correctly you will be able to print out your Certificate of Completion

Training for New Dispensers and Apprentices

Thirty hours of educational content

This Dispex Education Module consists of one Unit and the following 11 Sections.

1. Dispensing - The Legal Stuff
2. The Need for Accuracy
3. The Prescription
4. Preparing Prescriptions
5. Owings and Ordering Stock
6. Handing Out Prescriptions, Delivery Services and Filing Prescriptions
7. Quality Standards -DSQS and SOPs
8. Cold Chain and Handling Hazardous substances
9. Controlled Drugs
10. Controlled Drugs Waste Management
11. Drug Alerts

£120 inc VAT -Per Dispex member
£240 in VAT - Per Non-member

coming soon

How to get started?

Dispex members will need to contact the Dispex team for a 50% discount code. Then head to the Dispex Education page here and register each individual student (one at a time) and follow the online booking instructions. Please note, you will need to make a payment at the time of registration-the prices quoted online are inclusive of VAT! If you encounter any issues please contact the Dispex office on training@dispex.net

Learn at your own pace!!

Aerosol vs Non-Aerosol Inhalers

NHS England has introduced a new target for practices to switch patients from metered dose inhalers (MDIs) to more environmentally friendly alternatives.

The updated voluntary Investment and Impact Fund (IIF) introduces a target for practices to reduce the proportion of pressurised MDIs they prescribe as a percentage of all non-salbutamol inhaler prescriptions issued on or after 1 October to 25% or less of MDIs prescribed by 2023/24.

Dispex is very pleased that we have already highlighted this within our Informatics Section. The information on Aerosol vs Non-aerosol inhalers also looks at profitability and suggests Best Buys.

Dispex members can login to our website and head to our Informatics, Aerosol vs non-aerosol inhalers page to read in full!

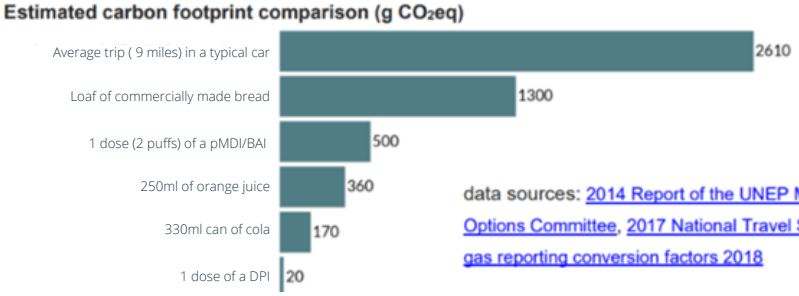
NICE National Institute for Health and Care Excellence

4. Detailed information

	BAI	DPI	pMDI	pMDI with spacer
What is the carbon footprint of the inhaler?	BAIs contain propellant. This means they have a higher carbon footprint than DPIs.	DPIs do not contain propellant. This means they have a lower carbon footprint than the other inhalers.	pMDIs contain propellant. This means they have a higher carbon footprint than DPIs.	pMDIs contain propellant. This means they have a higher carbon footprint than DPIs.

Some inhalers contain propellants, known as hydrofluorocarbons (HFCs). HFCs do not have an effect on the ozone layer. However, they are powerful greenhouse gases and can contribute to global warming. This is referred to as their carbon footprint, measured in carbon dioxide equivalents (g CO_2eq). The bigger the carbon dioxide equivalent, the bigger the impact on global warming.

Estimated carbon footprint comparison (g CO_2eq)



BAI – breath-actuated metered dose inhaler; DPI – dry powder inhaler; pMDI – pressurised metered dose inhaler
Resource: https://www.nice.org.uk/guidance/ng80/resources/inhalers-for-asthma-patient-decision-aid-pdf-6727144573

2021 ONLINE TUTORIALS

Live dispensary Training with a Dispex tutor

Each session is limited to 12 delegates!

BACK TO SCHOOL!

As children start to head back to the classroom (fingers crossed for the whole term) why not turn your attention to your own professional development and take a look at our upcoming Dispex tutorials! Our range of "bitesize" online professional training courses are hosted by experienced and welcoming Dispex tutors- we can help to ensure you stay on track with your continued training requirements for DSQS!

Non-members are still able to attend our tutorials and book online via the new website! Please note, it is 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.

SEPTEMBER

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
27th Oct - Controlled Drugs Part 1
28th 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 integrates the Dispensing finance!
Also suitable for prescribing only sites!

PF PART 1

Understanding Practice Income

This 1 hour session is of benefit to those new to the management of a practice and anyone dealing with Practice Finance looking to refresh their knowledge. Delegates will benefit from a bitesize overview of the various income streams, including disease prevalence, enhanced services, drug payments and what affects them, including a brief outline of PCSE statements 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 expe-nditure 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 esse-ntial to profitability. Discussing Personally Administered items in more detail and basic VAT knowl-edge. This will help identify any avoidable losses, as well as incr-easing dispensary income.

8th Dec

PART 2

Purchasing and Concessions

This session will provide you with some of the key skills and know-ledge 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 conce-ssions and how this affects profitability.

20th oct

PART 3

Stock Control

This training will give you insight as to why stock control is essen-tial 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 he-lp you identify more clearly any avoidable losses, as well as imp-roving cash flow.

17th nov

VISULOYALTY

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:

Hypromellose
Xailin® Hydrate

Carbomer
Xailin® Gel

Carmellose
VisuXL® Gel
Xailin® Fresh

HA
VisuXL®
Xailin® HA

Paraffin
Xailin® Night

Other
VisuEVO®

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.

AAH · Alliance Healthcare · PSUK a PHOENIX service

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

VISUfarma the eye health company

*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

MEMBER FEEDBACK

The New Website

"The new Dispex website is fantastic. It is packed full of useful, concise and practical information. Easy to navigate; I particularly found the Profitability Tools and Informatic section hugely helpful in my role as Dispensary Lead.

I believe the membership is great value, with its members offers, brilliant training and a whole host of beneficial information for all the team."

Becky Lloyd-Lead Dispenser

PROFITABILITY TOOLS

- Brand comparisons
- Positive parallel imports
- Benchmark your dispensing profit
- Generics costing more than the tariff
- Discount Updates
- Informatics- such as the Dispensing Fee Scales, Discount Abatement Scales, Patent Expiry, Information on Under-standing Brands, Branded Generics, Parallel Imports and How to compare Generic prices.

Members will need to register for a NEW login-see page 26 for details

CLICK HERE FOR A MEMBERS GUIDE

Menopause and unfair dismissal

By Owen Clark, Associate Director-Peninsula

The latest research, released by Menopause Experts, has found a growing number of women are taking their employers to court citing the menopause as proof of unfair dismissal and direct sex discrimination. Already, in the first six months of this year, there have been 10 employment tribunal claims referencing the claimant's menopause, compared to 5 in 2018, 6 in 2019 and 16 in 2020.

Kate Palmer is HR Advice and Consultancy Director at Peninsula. She says, "Employers may often overlook the impact of menopause on their female employees, but they do so at their peril. Whether out of embarrassment or ignorance, the signs that women are finding it difficult to work through severe physical effects of menopause may not be taken seriously. It's clear that the practical result of a failure to act correctly is the prospect of more tribunal claims. With some menopausal employees classified as disabled, the consequences of failure to support women at this time in their lives are heftier.

"Women going through the menopause are protected from discrimination in the workplace on the grounds of their age, sex, or disability. However, many workers feel that current legislation does not go far enough to support and protect women in the workplace during this difficult time in their lives. As a result, many experienced and highly skilled women feel they have no choice but to leave their professions.

An increased number are enforcing their rights through the employment tribunal, as latest figures suggest. These cases are bringing to the fore the reality of the treatment of women at work and the harassment they can sometimes face.

"There have been calls from MPs for new legislation to be introduced requiring employers to have a specific menopause policy. The Government has now launched an enquiry looking at the impact of menopause discrimination in the workplace and how practices to address this can be implemented.

"It remains to be seen whether the Government will decide to change the law on this issue. However, taking a positive and proactive approach to managing the menopause at work can certainly help employers to retain valued staff, attract new talent, boost productivity, and improve workers' wellbeing."

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

PENINSULA

Generics Costing More Then Tariff and Concessions

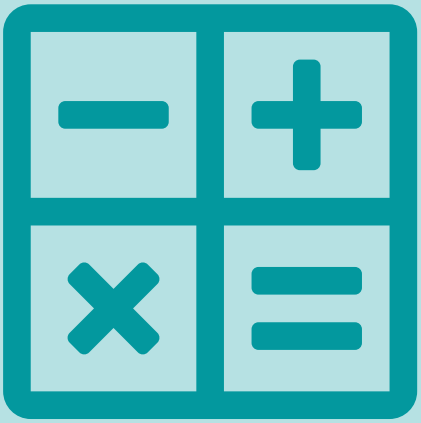
A Dispex Solution

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.

During the month NHSBSA Prescription Services (PS) publish Concession prices for that month. These are the prices at which those selected products will be reimbursed only for that particular month. In order to reduce losses to DDs, the dispensers can change the script to a generic brand or generic manufacturer and the doctor needs to initial the change.

Changing Scripts

To help our members navigate script changes we have created an online guide that answers the following questions……..



- **Why should I change the script?**
- **Do I need to endorse any changes to the product name in the left-hand column?**
- **Can you give an example of this?**
- **What if the dm+d price is less than the reimbursement price?**

We also provide a summary offering advice on when to not change a script and when to change a script. Members can simply login and head to the Informatics page to read in full, non- members can join online on the membership page!

Rules relating to retention of dispensing patients

By Nigel Morley-NVM Holdings Ltd

As Dispex members will be aware, Nigel Morley offers a complimentary initial advice to any Dispex member on any pharmaceutical matter. Recently I received an enquiry from a small dispensing practice that were moving into a new surgery site and wanted to know the rules regarding the rules relating to retention of their dispensing patients and rights.

Nigel was not exactly sure of their facts so he spelt out some of the scenarios that may be applicable to their or your projected case.

1) An area cannot change from rural to urban without a long-winded process which takes at least ten months. Nigel has an outstanding record in preventing this happening if you should need his services to prevent this.

2) If you merge with a dispensing practice, you do not lose any of your dispensing rights. He can help with this.

3) If you merge with a non-dispensing practice you have problems and again Nigel can help with this.

4) If you move to either an urban or a rural area and there is not a pharmacy within 1.6 km of your new dispensary you can still dispense to any patients who do not live within 1.6 km of an existing pharmacy. You will need to get permission in a complex Regulatory process. Indeed he has never lost a case and indeed won the test case regarding Angels Surgery Bury St. Edmunds.

5) If you move to either an urban or a rural area and there is a pharmacy within 1.6 km of your new dispensary you have significant problems and are likely to lose all your dispensing unless you have other sites in rural areas that you can dispense from.

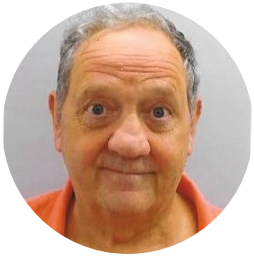
6) If you are moving and merging then it is very complex and Nigel would need much more information to advise you.

7) If your move does not fit into options 2 to 5 then please advise but we believe the above covers most eventualities.

There is always no charge for this initial advice from Nigel provided you are a Dispex member in good standing.

If you are planning to move then your first port of call for advice should be Nigel who is acknowledged national expert in this sphere of competence. Please give him as much information as possible so that he can advise you further. His email is **office@nvmholdings.com**

UK Register of Expert Witnesses
REGISTERED
2010



NEW

Website Feature!!

DISPEX ANSWERS

The experts at Dispex provide answers to the most common questions, quoting the relevant Regulations: We will be adding more questions and answers as time goes on.

First Question:

Can dispensers dispense to the practice's dispensing patients when a GP is not present in the building?

Dispex members can visit our Informatics page to find out the answer and view the relevant Regulations!

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 Oct 2021 and only from your renewal date thereafter)
- branch site(s) annual fee is £216+vat after trial
- 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 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

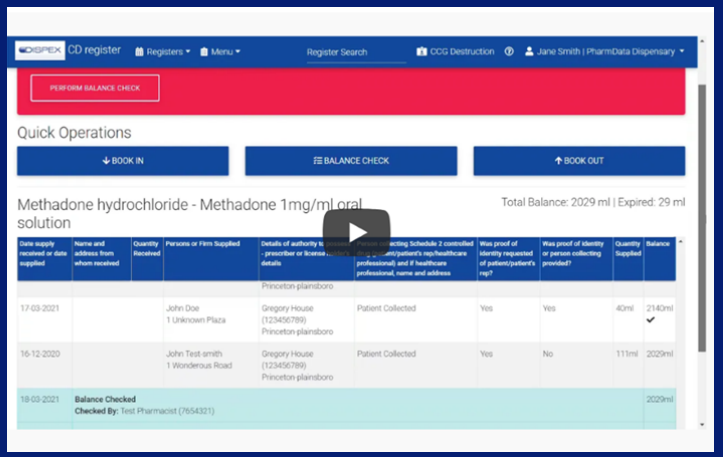
1.8.3 Health professionals and service providers who are required by the 2001 Regulations to maintain a controlled drugs register must have an authorised person present to witness the destruction of stock controlled drugs in Schedule 2 in line with Regulation 27 of the 2001 Regulations.

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

Sep/15

HOW MUCH COULD 'BASIS PERIOD' REFORM COST YOU?

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

HMRC has announced a reform of 'basis periods' for the taxable profits of sole traders, partnerships and other unincorporated entities with trading income. A consultation proposes changes from 2022/23, and the transitional catch-up to the new rules will create cashflow concerns for many GP partnerships that do not use 31 March or 5 April as their accounting date.

CORE REFORMS

At present, sole traders' and partnerships' profits are taxed on a 'current year' basis – eg the profits of annual accounts to 30 April 2021 are treated as the taxable profit for the 2021/22 tax year. The proposals involve moving to a 'tax year' basis, meaning that business profits will be calculated for 6 April to 5 April by apportioning accounting year profits as required. In practice, 31 March will be treated as the end of the tax year: therefore a Practice with a 30 April year end would need to count 1/12th of one accounting period and 11/12ths of the next to calculate its 'tax year basis' profit.

One problem is that if the accounts (say to 30 April) following the tax year are not finalised by the time the tax return is due, profits/losses apportioned from them will have to be estimated for the return, and the return subsequently amended once the accounts are finalised. However, the reforms would remove the current complex opening and closing rules that lead to individuals being taxed twice on some profits and creating 'overlap relief' given in the closing year of trade.

The aim of the reforms is to align the treatment of trading income with that of non-trading income and make the move to Making Tax Digital reporting for income tax easier from April 2023 onwards. Although forcing all businesses to use a 31 March or 5 April accounting date was considered, adopting the 'tax year basis' is the government's clear preference and the consultation is more about how, not if, it is implemented.

EXPENSIVE TRANSITION IN 2022/23

The transition from the current to new rules will take place in 2022/23. Continuing businesses will be taxable on their profits on the current year basis (ie 12 months to their accounting date in 2022/23), plus a catch up period up to the end of the tax year (ie 31 March 2023). Depending on the accounting date of a Practice, this could bring almost two years' profits into charge for 2022/23, although any overlap relief brought forward will reduce the taxable profit.

Nevertheless, this could lead to a significantly increased tax bill, so the proposals provide for the excess transitional profit to be spread over five tax years to mitigate the cashflow impacts. Individuals will also have the option to be taxed on the full amount in the transitional year – for example, if future income tax rises are a concern.

Although the proposals are far from finalised, they will undermine most GP partnerships' financing plans for the next few years – changing your profit periods will change pensionable income, affect your cashflow (by advancing tax liabilities) and affect reporting for other NHS purposes. Even if your practice changes its accounting date to 31 March to reduce the administrative burden of the new rules, this is not straightforward and will itself have a financial impact.

If your Practice uses an accounting date that is not 31 March or 5 April, please get in touch with our team to discuss the impact on your finances.

FOR MORE INFORMATION:

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Controlled Drugs

Ensuring the Safer Management: Diversion & Abuse, Prescribing and Use

Friday 26th November 2021, Virtual Conference

Opening address from Dr Victoria Lea, National Controlled Drugs Manager, CQC

Unable to attend the full day? Don't worry all our virtual conferences are recorded, giving you the flexibility to dip in and out throughout the day and catch up with anything you miss later. Find out more about virtual attendance.

Learning Outcomes:

This conference will enable you to:

- Network with colleagues who are working to improve the safe use, prescribing and management of controlled drugs
- Understand the national context including developments from the CQC and monitoring adherence to the NICE guidance
- Update your knowledge on the controls for opioids
- Understand requirements for reuse of medicines in a care home or hospice
- Reflect on the implications of Covid-19
- Assess practice against the RPS Standards for the governance and management of Controlled Drugs
- Understand the scale of abuse and diversion of controlled drugs by healthcare professionals
- Improve your skills in the identification and management of theft and abuse by staff
- Learn from police investigations and inspections
- Learning from Syringe Driver related controlled drugs incidents
- Understand and develop the role of the controlled drugs accountable officer
- Improve your skills in the prescribing and prescribing governance of controlled drugs
- Reflect on the use and governance of controlled drugs at the end of life
- Ensure lessons are learned from the investigation and reporting of controlled drugs incidents
- Self assess and reflect on your own practice
- Gain CPD accreditation points contributing to professional development and revalidation evidence
- Opioids: approaches to minimise risks

Speakers Include:

- **Dr Weeliat Chong,** Chief Pharmacist & CDAO, Humber Teaching NHS Foundation Trust
- **Victoria Lea,** National Controlled Drugs Manager, Care Quality Commission
- **Robin Pivett**, Controlled Drug & Chemical Liaison Drug Reduction and Prevention Officer, Suffolk Constabulary, Treasurer The Association of Police Controlled Drug Liaison Officers
- **Dr Deborah Robertson**, Lecturer School of Health and Society, Salford University
- **Scott Mitchell,** Pharmacy Director and Controlled Drug Accountable Officer, NHS Forth Valley & Chair, Controlled Drugs Accountable Officer Network, Scotland
- **Dr Helen Morgan,** Consultant in Palliative Medicine, North-umbria Healthcare NHS Trust and Committee Member, NICE Guideline Development Group, Shared Decision Making
- **Dr Valentina Lichtner,** Lecturer in Information Management, Leeds University Business School, University of Leeds, and School of Pharmacy, University College London

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CQC – Time for a new relationship?

By Practice Index

Mention an imminent inspection visit from the regulator the Care Quality Commission (CQC) to any general practice team and you can just imagine the nervous twitches, raised heartbeats and agitated moods that are likely to ensue. No matter how good any primary care team may be, and regardless of their previous rating, be it good or outstanding, it's natural that there will almost certainly be a feeling that the pressure is on, and the team will soon be thrown into a flurry of activity.

For the past year or so, boots on the ground from the CQC have been limited and to a certain extent the pressure has been off, largely due to the fact that in March 2020, the CQC suspended its routine inspections in response to the COVID-19 pandemic. This approach was welcomed by PMs across the land; however, for some new providers gearing up for an inspection in February 2020, they were perhaps somewhat disheartened to find their inspection had been cancelled.

Some teams had been psyching themselves up for an inspection and some had already invited their local CQC inspector to meet them at their practice. The building of a new relationship had already begun and then they were told that their inspection had been cancelled until further notice. Little did we know then that the cancellation was going to last for over a year!

But not all providers (new or old) adopt such a proactive approach when it comes to the CQC. Maybe some see the CQC as the 'enemy', lurking on the horizon, ready to launch an attack imminently. Others may feel confident (and proudly so) that they are going to blow the CQC out of the water when it comes to inspection day – hoorah!

The proactive approach is quite possibly the best approach and this is supported by practice manager leaders who want to encourage practices to be more proactive in reaching out to the CQC to develop healthy and constructive relationships with them. Anyone else thinking "keep your friends close and your enemies closer"?

What did work well, it appears, was the transitional monitoring approach (TMA) or sometimes it was referred to as the transitional regulatory approach (TRA) – a hands-off approach, allowing practices to focus on maintaining essential services during an extraordinary time for the country.

Pleasingly, the CQC are keen to maintain an approach that causes minimal disruption for service providers and in June they piloted a new approach in the East of England which saw the CQC carry out a virtual monthly check of service providers. In July, this approach was rolled out across England, although to date, it hasn't yet been given a new name. So, let's call it the 'new approach'.

This new approach means that practices are now subject to virtual monthly checks, and the CQC is expected to look at the information it has on individual practices, including previous inspection reports and ratings, QOF, prescribing data, referrals, patient survey results and patient complaints. Basically, they are using CQC Insight to gather and analyse information about practices.

In reality, this means that many practices will simply be receiving a monthly email from the CQC saying that the regulator has looked at their data and found no reason for a full inspection at this time. Hang on, this sounds way too simple! Surely there's more to it? Well, the CQC will call practices if they have concerns or want to discuss their findings in more detail. The cynic in me says that nearly every practice will get a call… sounds a bit like the ARR to me! If, however, the CQC have concerns then they may choose to carry out an on-site inspection.

Is this the time to brace yourself for an advance of the enemy? Stand down, because if you are targeted, you can use the CQC – A guide to success to help you effectively prepare for an inspection.

Jo Wadey, Practice Business Manager in West Sussex and a director at the Institute of General Practice Management (IGPM), says:

"The change in the CQC's approach (i.e., monthly monitoring) isn't really affecting us because most of us are not being asked to submit any information. From that point of view, it's great for practice managers."

Doesn't sound like Jo was called to discuss anything with the local inspector this time. Nicely done, Jo! This relatively "light touch" approach from the CQC has been welcomed even by those who aren't exactly the regulator's biggest fans.

Alasdair, a practice manager from Ipswich, says:
"The temporary arrangements that we've had over the last year have been helpful. They've got a bit more light-touch. I think it's probably necessary that the CQC is changing from its previous arrangement, and it's possibly a little bit better in the sense that it will be data driven....*continues on the next page*

"They don't have the resources for a heavy-handed regime and they just couldn't sustain it or the quality assurance so they've had to scale it down because I think they've over-reached themselves. I think there were already signs that they were scaling it down before the pandemic anyway.

"From what I've seen of what people are being asked to produce, it varies from region to region, but some practices are still being asked to provide quite a substantial amount of stuff in my opinion. In those cases, if you get a ten-day warning to provide that stuff, it's going to spoil your day." Unfortunately, one of the many gripes about the CQC is that, depending on where you're located and who your inspector is, one thing is almost certainly guaranteed: the inspection process will differ, as will the requests for information and/or what is expected.

So, a data-driven approach, backed up by discussions, could be one way to resolve this 'subjective' boots-on-the-ground approach that many of us have experienced. So now we've got change on the horizon too. Take a look at an earlier blog by Phil, which focuses on these changes. So, is it time to nurture a different relationship between practices and the CQC?

The IGPM's Jo believes so and has met with the regulator's Deputy Chief Inspector of Primary Medical Services, Vicki Wells, to discuss how practices can forge better relationships with their local CQC inspectors.

This 'new approach' is possibly showing us that the CQC is now striving to adopt an objective approach, using quantitative data. Seems logical to me, wouldn't you agree?

A practice manager from London, who wishes to remain anonymous, says she's had past issues with the CQC, particularly about their lack of consistency during previous inspections.

"When the CQC first came out, at that time you got two weeks to get your information together. We did that and were expecting a delegation of five people – an inspector, the GP, a nurse, a practice manager and a patient expert. "At 4pm the day before the visit, we got a call to say they weren't coming and they had to cancel. I'd put plans in place to enable them to talk to members of staff and patient groups.

"The next day, we had the patient representative turn up. Nobody had told them that the visit had been cancelled. It was rescheduled and then we had a delegation of three and no one had read any of the material that we'd sent over. They apologised and said they hadn't had enough time.

"An organisation like that doesn't seem to hold itself accountable to the same standards that it expects of general practice. I don't have a lot of faith in the organisation generally."

One thing is clear, from London to Luton, Leeds to Liverpool, Southend to Sunderland, Norwich to Northampton, there has been no uniform approach from the CQC. Is that now going to change with the 'new approach'? Only time and your experiences will tell us! So please continue to tell us how the 'new approach' has been for you. Click here for the source site.

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Sep/ 22

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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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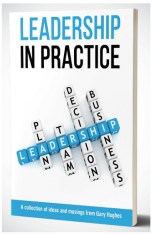

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DATE: 4TH NOV

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Please note: It is 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.

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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.

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- **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**

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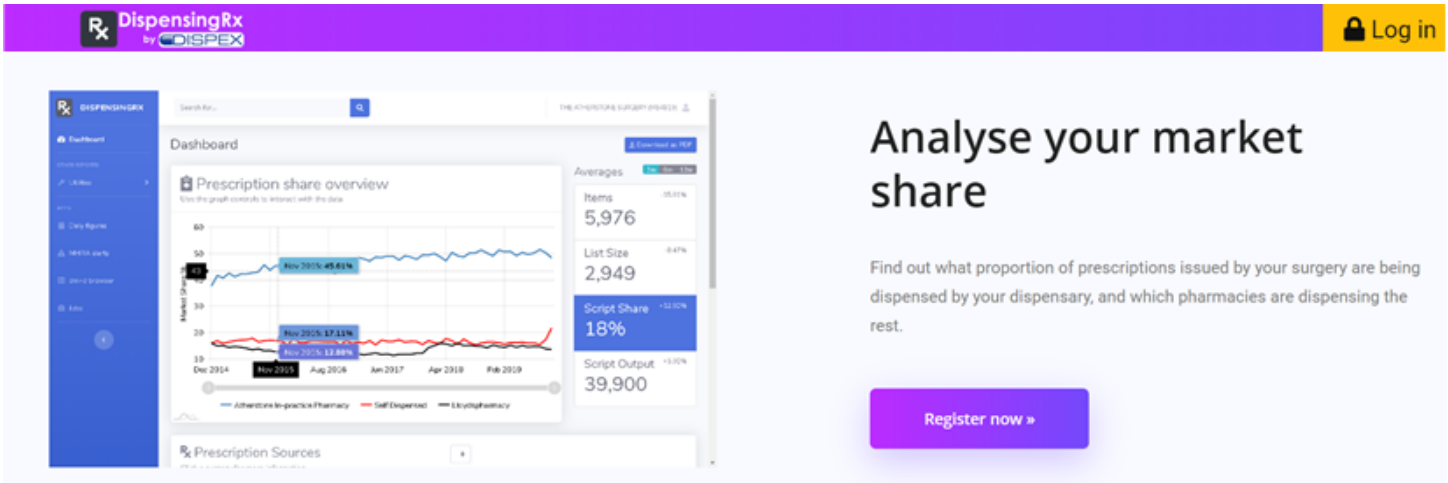

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By various sources

NHS England orders GPs to stop all blood tests not 'clinically urgent' until 17 September

Source: Pulse 26/8/21

NHS England has instructed GPs to cancel all tests except those that are 'clinically urgent' until mid-September, while warning the shortage of blood test tubes is due to worsen over the coming weeks.

Earlier this month, GPs were told to suspend non-essential blood tests amid a worsening shortage of test tubes sparked by soaring demand and 'UK border challenges'.

But in a letter sent to GPs today, NHS England clarified its guidance on reducing test tube demand, saying that practices must stop all blood tests until 17 September unless 'clinically urgent'.

Tests that can go ahead include those required for two-week wait referrals, those that are 'extremely overdue and/or essential for safe prescribing' or condition monitoring, those that could prevent a hospital admission or onward referral, or those for suspected sepsis or 'conditions with a risk of death or disability', it added.

According to NHS England, supply is 'forecasted to become even more constrained over the coming weeks' and while the shortage is 'anticipated' to improve 'from the middle of September', 'overall supply is likely to remain challenging for a significant period'. Click here to read in full.

Nine in 10 female doctors in UK have experienced sexism at work, says BMA

Source: The BMJ

Most doctors think that sexism is an issue in medicine, the BMA has said.

In a report published on 26 August the association set out the results of a survey of 2458 NHS doctors that it conducted in April 2021.1

Of the 2018 women (82%) who responded to the survey, 91% (1836) said that they had experienced sexism at work in the
past two years.

Nearly two thirds of women (61%; 1230) had felt discouraged to work in a particular specialty because of their gender, and 70% (861) believed that their clinical ability had been doubted or undervalued because of their gender.

Over half of the women (56%; 688) also said that they had received unwanted verbal comments relating to their gender, and a third (31%; 381) said that they had experienced unwa-nted physical conduct....Click here to login to read more.

Initial experience of the safety and tolerability of the BNT162b2 (Pfizer-Bio-N-Tech) vaccine in extremely vulnerable children aged 12–15 years

Source: The BMJ

Read The BMJ's full report here.

How GP turnover problems have doubled for practices

Source: Practice Index

A new analysis shows how problems in general practices have been growing to critical levels in the last decade. More than 25% of practices were suffering from high GP turnover before the pandemic – a doubling of the number facing this problem, according to a Manchester University study published today.

The researchers said the findings showed "worrying trends". The study found that by 2017, 6.3% of practices had suffered high turnover for at least three consecutive years. This compared with 2.7% in 2007. However, throughout the period, there was a consistent proportion of practices with very high turnover – at 8%, according to the study in BMJ Open.

Researcher Professor Evan Kontopantelis said: "We already know the GP workforce in England is going through a major crisis. Rates of early retirement are increasing, as are intentions to reduce hours of working or leave their practice in the near future. Though in 2015, the government promised 5,000 more doctors in primary care by 2020, the number of full-time equivalent GPs per 1,000 patients continues to decline."

He added: "We reveal worrying trends in GP turnover. High levels may affect the ability to deliver primary care services; and undermine continuity of care which in turn may affect the quality of patient care. And healthcare received from multiple GPs can lead to conflicting therapeutic treatments and fragmented care. Differential turnover across practices and regions could also lead to a maldistribution of GPs, exacerbating retention problems and health inequalities." Click here for the source.

NHS England and NHS Improvement Letter-Primary Care Networks – plans for 2021/22 and 2022/23

Click here for a copy.

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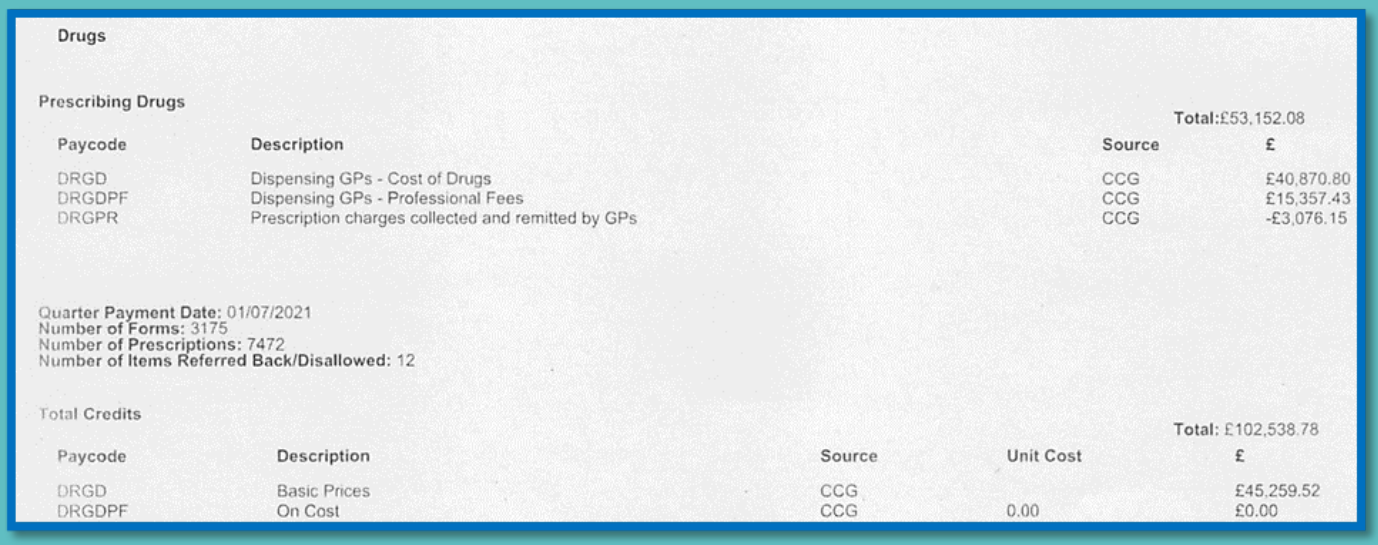
Confused by the new PCSE Online Drug Statements?

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

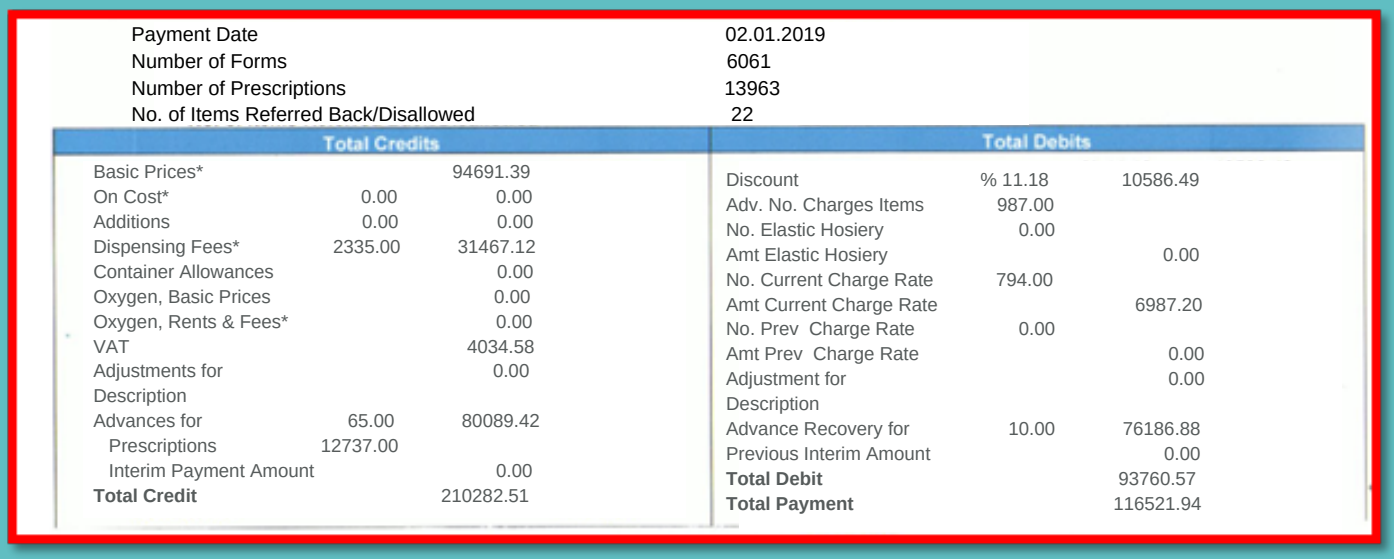
Quarter Payment Date: 01/07/2021
Number of Forms: 3175
Number of Prescriptions: 7472
Number of Items Referred Back/Disallowed: 12

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 Prescriptions	65.00 12737.00	80089.42
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

DISCOUNT UPDATES

On our Discount Update page we update members with the latest discounts offered by manufacturers and highlight any discounts withdrawn. We analyse the impact of these changes on individual brand profitability. Members please login to see the two September updates!

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