

# Gazette

YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues

**VISIT THE  
DISPEX TEAM  
IN PERSON!**





**Best  
Practice**

13-14 October 2021  
Birmingham NEC

**DISPEX**

have partnered with  
Best Practice Show

Register for your **FREE** pass!

[BESTPRACTICESHOW.CO.UK](https://bestpracticeshow.co.uk)



**13th-14th October 2021**

**There is still time to book your free places!**

As the clocks wind back this month and the realisation that long Summer days are behind us, we often try and convince ourselves that we won't start thinking about "you know what" just yet!! So perhaps, distract yourself by turning your focus on expanding your personal development instead!

During our Autumn and Winter term there are many ways to achieve this, from attending this months' [Best Practice and Respiratory Show](#), 13th-14th October 2021, to logging into the Dispex website and reading through the latest resources, such as discount updates, monthly generics tables or by watching our PCSE vs Exeter Statement comparison video. Maybe book a few places on our lunchtime tutorials to break up the long Winter days- all are hosted by experienced Dispex tutors, then consider signing up to a [Dispex Education](#) online course- where you can progress at your own pace!

As mentioned in earlier Gazettes' the Dispex team will be delighted to walk you through our website profitability tools at the Best Practice and Respiratory Show! Plus, our [DispexCD](#) Guru will also be attending the event to answer

face-to-face any technical queries you may have! Click [here](#) to book your free tickets!

*Never Stop Learning:* Dispex takes pride in providing the most relevant, up to date and engaging Dispensing training. We constantly strive to enhance our customer offering, such as introducing the online interactive training- allowing you to learn at your own pace! As the platform allows you to save your course at any point, you can work through the sections during your protected learning time over several weeks.

Dispex Education offers a wide variety of bespoke training to help you to upskill and further your personal development. Dispex members are entitled to a 50% Dispex discount on the bespoke courses!! Please see page 12 & 13 for further details.

Best Wishes,

***Claudy Rodhouse***

Dispex Design and Editorial Contributor

## The Dispensary Gazette

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

Telephone: 01604 859000 (10am-3pm)  
Advertising: [sales@dispex.net](mailto:sales@dispex.net)  
Website: [www.dispex.net](http://www.dispex.net)

## Design and Marketing Contributor

Claudy Rodhouse

## Editorial Contributor

Claudy Rodhouse

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# Best Practice

13-14 October 2021  
Birmingham NEC

The Home of General Practice



Incorporating The DDA  
Annual Conference

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



### 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



13-14 October 2021, NEC Birmingham ◆ REGISTER NOW

[WWW.BESTPRACTICESHOW.CO.UK/DISPEXAD](http://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.**

[www.pharmaself24.co.uk](http://www.pharmaself24.co.uk)



**Hub&Spoke**  
INNOVATIONS  
SECURE COLLECTION TECHNOLOGY



Trudell who supply Aerochamber Plus Flow Vu have increased their Dispensing Doctor Discount. Their products must be ordered from AAH to obtain the discount.

Brand	Basic Price £
<b>Aerochamber</b>	
AEROCHAMBER PLUS FLOW VU	5.22
AEROCHAMBER PLUS FLOW VU + Mask	8.72
<b>Able Spacer</b>	
ABLE SPACER FACE MASK LRG	3.18
SPACER FACE MASK MED	3.14
SPACER FACE MASK SML	2.87
SPACER SML VOL SPACER	4.39
SPACER WITH MED MASK	7.16
SPACER WITH SMALL MASK	7.16
<b>EasyChamber</b>	
Mouthpiece	3.98
with Infant mask	6.53
with Child Mask	6.55
with Adult mask	6.59
<b>Antistatic</b>	
ANTISTATIC S/C + L/MASK	7.45
<b>Pocket Chamber</b>	
POCKET CHAMBER	4.18
<b>Space Chamber</b>	
SPACE CHAMBER PLUS ASTHMA UK	4.26
CHAMBER PLUS LRG MASK	6.98
CHAMBER PLUS MED MASK	6.98
CHAMBER PLUS SML MASK	6.98
CHAMBER+ C/PACT LRG MASK	6.98
CHAMBER+ C/PACT MED MASK	6.98
CHAMBER+ C/PACT SML MASK	6.98
<b>Spacer A2A</b>	
SPACER A2A MED MASK	6.68
A2A SML MASK	6.68
A2A UNIVERSAL	4.15
DEVICE BABYHALER	11.34
<b>Volumatic</b>	
VOLUMATIC PAED	6.83
SPACER	3.88

Dispex has produced a comparison of all Spacers including their profitability, which is available in the Brand Comparisons section of the [Profitability Tools](#) on the Dispex website.

# Always Together™

Inhaler +  
AeroChamber® VHC



## Good for you and your patients



AeroChamber  
Plus Flow-Vu



**25% DISCOUNT**  
(Increased from 12% to 25%)



Improves  
clinical  
outcomes<sup>1</sup>



Safety  
and efficacy  
validated<sup>2</sup>

Prescribe **AeroChamber Plus® Flow-Vu®**  
spacer for **all of your** pMDI patients

*Better For Both™*

Children + Adults



Small Mask



Medium Mask



Youth Mouthpiece



Mouthpiece



Small Mask



Large Mask



LEARN MORE

Proven to deliver medication **better** than the inhaler alone.<sup>3,4</sup>



<sup>1</sup>Burudpakdee C et al. A Retrospective Study of the Effectiveness of AeroChamber® Plus® Flow-Vu® VHC on Asthma Control. Pulmonary Therapy 2017. <sup>2</sup>Study Summary - AeroChamber® brand of spacers 2020. <sup>3</sup>Suggett J et al. The Impact of Inhalation Delay on Lung Drug Delivery: Using Functional Respiratory Imaging (FRI) to Compare Metered Dose Inhaler (MDI) and MDI + Valved Holding Chamber (VHC) Systems. Am J Respir Crit Care Med 2020;201:A5689. <sup>4</sup>Dorinsky P et al. Relative Bioavailability of Budesonide/Glycopyrrate/Formoterol Fumarate Metered Dose Inhaler Administered With and Without a Spacer: Results of a Phase I, Randomized, Crossover Trial in Healthy Adults. Clin Ther. 42 (2020), 634-648.

**AeroChamber®**  
BRAND OF CHAMBERS

[aerochamber.co.uk](http://aerochamber.co.uk)

# 2021 ONLINE TUTORIALS

Live dispensary Training with a Dispex tutor



*Each session is limited to 12 delegates!*

## Autumn-Winter Schedule

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! 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. Non-members are still able to attend our tutorials and also book online via the new website!

**COMING SOON** 2022 training schedule-keep an eye out for next months' Gazette for details!!

### 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](https://dispex.net/training)

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

Non- members price: £60+vat



## CONTROLLED DRUGS

### CD PART 1

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

**28TH OCT**

### CD PART 2

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

**24TH NOV**

## DRUG TARIFF & ENDORSING

### DRUG TARIFF

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

**1ST DEC**

## DISPENSARY CUSTOMER SERVICE

### DCS PART 1

This Tutorial will give ideas and processes to implement more effective team working, as well as improving communication skills, including non-verbal communication skills. To help manage conflict and the difficult patient scenarios.

**10TH NOV & 15TH DEC**

### DCS PART 2

Part 2 of this Tutorial will provide important guidance on confidentiality, some effective telephone techniques, the law on data Protection and what the Caldicott principles are. Also covered are some helpful suggestions on managing complaints appropriately.

**7TH OCT & 25TH NOV**

## BUSINESS MANAGEMENT OF A DISPENSARY

### BM- PART 1

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

**TBC**

### BM- PART 2

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

**13TH OCT**

### BM- PART 3

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

**9TH NOV**

# 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.

**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.

**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.

**17TH NOV**



## 2021/22 seasonal flu vaccine reimbursement

Similar to last year's flu season, 2021/22 flu reimbursement claims are expected to be reviewed. This means you might get asked to submit information to support your reimbursement claims.

Throughout the flu season you should keep records of the vaccines you order, receive and administer. These records are important to enable accurate and timely submission of reimbursement claims.

In preparation for the 2021/22 flu vaccine season, we have some hints and tips to help you with your reimbursement claims:

1. You must not submit reimbursement claims for any government secured stock from 2020/21 or 2021/22. You are able to claim an Item of Service fee only.
2. You should make sure you have a monthly process in place to claim reimbursement and Item of Service fees for administered vaccines by the 5th of the following month. If the number of claims you're submitting for reimbursement is different to the number of claims for Item of Service fees, you must be able to, if requested, confirm why.
3. You must keep appropriate records and supporting evidence to support your payment claims. You will only need to provide us with this evidence if we contact you.

## Record keeping

Throughout the flu season you should keep records for each manufacturer of vaccine you administer. Your records should include the number of:

- vaccines retained from previous flu season
- vaccines ordered
- vaccines received
- Item of Service fees for adults between September 2021 and March 2022
- vaccine reimbursements claimed between September 2021 and March 2022
- vaccines returned for refund between September 2021 and March 2022
- vaccines destroyed or wasted between September 2021 and March 2022
- vaccines redistributed (others to claim reimbursement)
- vaccines retained for future use

In addition, you should keep records of where and what volume of vaccine has been supplied to each setting if your practice is:

- included within a PCN flu clinic
- taking part in co-administration of COVID-19 and flu
- providing vaccines for use in a clinic setting outside of the practice

Keeping these records is important to enable accurate and timely submission of reimbursement claims. Contact us at [nhsbsa.gpsupport@nhs.net](mailto:nhsbsa.gpsupport@nhs.net) if you need help preparing for the 2020/21 flu season. Click [here](#) for the source.



## Inhalers and Dispensing – A Review of Options

There has been a lot of movement on the Inhaler front with new products as well as some Branded Generics entering the market. Some products which were only available as MDI (Metered Dose Inhalers) or pMDIs (Pressurised Metered Dose Inhalers) are now available as Dry Powder Inhalers. 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. Pressurised MDIs (pMDIs) and Breathe-Actuated MDIs (BAMDis) contain HFCs, but Dry Powder Inhalers (DPIs) and Breathe Activated Dry Powder Inhalers (BADPIs) do not. The Informatics section of the Dispex Website has an up-to-date list of all inhalers and categorises them according to whether they are Aerosol or Non-aerosol inhalers.

MDI	Metered Dose Inhaler	Aerosol
pMDI	Pressurised Metered Dose Inhaler	Aerosol
DPI	Dry Powder Inhaler	Non-Aerosol
BADPI	Breathe Actuated Dry Powder Inhaler	Non-Aerosol
BAMDI	Breathe Actuated Metered Dose Inhaler	Aerosol

The biggest issue facing dispensaries will be the impact of the updated Investment and Impact Fund (IIF) incentivising the move from Aerosol to Non-aerosol inhalers. There will be pressure from PCNs (Primary Care Networks) as well as CCGs to increase the percentage of non-Salbutamol inhalers that are prescribed as Non-aerosol inhalers. Many practices will just move patients to a suitable non-aerosol inhaler without looking at the financial consequences of these moves. Without careful consideration, many practices will see a drop in income if they merely make changes without looking at the dispensing options.

It goes without saying that the prescription for any particular inhaler must be the most clinically suitable product. In addition, the device used must be the most appropriate for that patient and the inhaler technique of all new devices needs to be checked by a clinician before deciding on changing the product or the device. This will most commonly be done by the Respiratory nurses and it is essential that the dispensers work as a team with the nurses. Most inhaler problems identified by the patients will first be notified to the dispensary.

There will be some easy changes which will increase the percentage of Non-aerosols.

### Long Acting Anti-Muscarinics (LAMAs)

<b>LAMA</b>				
<b>Non-Aerosol</b>				
Acclidinium	Eklira Genuair	AZ	£32.50	BADPI
Glycopyrronium	Seebri Breezhaler	Novartis	£27.50	DPI
Tiotropium	Spiriva Handihaler	BI	£34.87	DPI
Tiotropium	Spiriva Handihaler Refill	BI	£33.50	DPI
Tiotropium	Braltus	TEVA	£25.80	DPI
Tiotropium	Tiogiva Device + Capsules	Glenmark	£19.99	DPI
Tiotropium	Tiogiva Capsules	Glenmark	£19.20	DPI
<b>Aerosol</b>				
Tiotropium	Spiriva Respimat Device	BI	£23.00	MDI
Tiotropium	Spiriva Respimat Refill	BI	£23.00	MDI

The Profitability Tools – Brand Comparisons section of the Dispex website details the difference in profitability for all of these products. **Combination Long-Acting Anti Muscarinics (LAMA) + Long-Acting Beta Agonists (LABA)**

<b>LABA + LAMA</b>				
<b>Non-aerosol</b>				
Formoterol + Acclidinium	Duaklir Genuair	AZ	£32.50	BADPI
Indacaterol + Glycopyrronium	Ultibro Breezhaler	Novartis	£32.50	DPI
Vilanterol + Umeclidinium	Anoro Ellipta	GSK	£32.50	BADPI
<b>Aerosol</b>				
Formoterol+ Glycopyrronium	Bevespi Aerosphere	AZ	£32.50	MDI
Tiotropium + Olodaterol	Spiolto Respimat Device	BI	£32.50	MDI
Tiotropium + Olodaterol	Spiolto Respimat Refill	BI	£32.50	MDI

The Profitability Tools – Brand Comparisons section of the Dispex website details the difference in profitability for all of these products.

**Combination LAMA + LABA + Inhaled Corticosteroid (ICS)**

LABA + ICS + LAMA				
Non-Aerosol				
Formoterol + Beclometasone + Glycopyrronium	Trimbow NextHaler	Chiesi	£44.50	BADPI
Fluticasone + Umeclidinium + Vilanterol	Trelegy Ellipta	GSK	£44.50	BADPI
Indacaterol + Glycopyrronium + Mometasone	Energair Breezhaler	Novartis	£44.50	DPI
Aerosol				
Formoterol + Beclometasone + Glycopyrronium	Trimbow	Chiesi	£44.50	MDI
Formoterol + Budesonide + Glycopyrronium	Trixeo Aerosphere	AZ	£44.50	MDI

The Profitability Tools – Brand Comparisons section of the Dispex website details the difference in profitability for all of these products.

**Combination LABA + ICS are slightly more complex**

You need to take into account:

- \* Combination – there are 6 possibilities and patients will need monitoring when changing from one combination to another to ensure efficacy
- \* Strength - there are different strengths and not all brands are available in all strengths. The strengths of the newer inhalers are measured differently from the older inhalers, but are equivalent eg Fobumix 160/45 is equivalent to Symbicort 200/6
- \* Device – Ease of use is important, as well as whether the device is Aerosol or non-aerosol. Not all patients will be able to use all devices and it may be that an MDI with a suitable spacer is the best option
- \* Price – some of the lower strengths might look inexpensive, but when patients are titrated to higher strengths the price goes up considerably.

We have divided then according to their ingredients and strengths. If you are titrating up or down, then it may be better to select a brand that has several strengths.

**BADPI = Non-Aerosol**

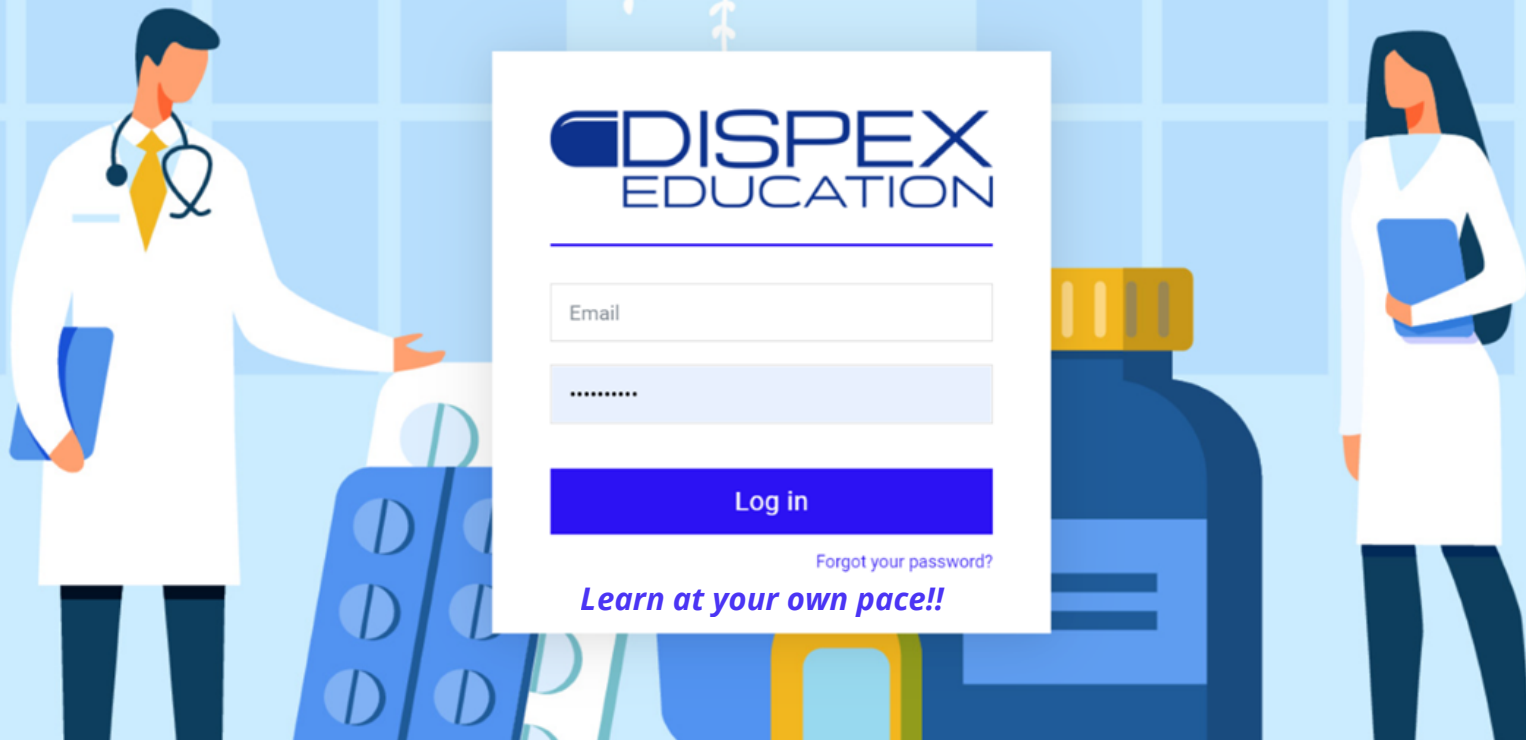
**MDI = Aerosol**

Fluticasone + Salmeterol					
Airflusal ForSpiro	50/500	Sandoz	60	£29.97	BADPI
Airflusal	125	Sandoz	120	£16.42	MDI
Airflusal	250	Sandoz	120	£20.52	MDI
Combisal	50	Aspire	120	£13.50	MDI
Combisal	125	Aspire	120	£17.59	MDI
Combisal	250	Aspire	120	£27.99	MDI
Fixkoh Airmaster	50/100	T & R	60	£14.47	BADPI
Fixkoh Airmaster	50/250	T & R	60	£19.29	BADPI
Fixkoh Airmaster	50/500	T & R	60	£24.12	BADPI
Fusacomb Easyhaler	50/250	Orion	60	£26.99	BADPI
Fusacomb Easyhaler	50/500	Orion	120	£21.50	BADPI
Sereflo	125	Cipla/Kent	120	£14.99	MDI
Sereflo	250	Cipla/Kent	120	£19.99	MDI
Seretide Accuhaler	100	GSK	60	£18.00	BADPI
Seretide Accuhaler	250	GSK	60	£33.95	BADPI
Seretide Accuhaler	500	GSK	60	£32.74	BADPI
Seretide evohaler	50	GSK	120	£17.46	MDI
Seretide evohaler	125	GSK	120	£23.45	MDI
Seretide evohaler	250	GSK	60	£29.32	MDI
Sirdupla	125	Mylan	120	£22.45	MDI
Sirdupla	250	Mylan	60	£28.32	MDI
Stalpex	50/500	Glenmark	60	£16.37	BADPI

Formoterol + Budesonide					
DuoResp Spiromax	320/9	TEVA	60	£27.97	BADPI
DuoResp Spiromax	160/4.5	TEVA	120	£27.97	BADPI
Fobumix Easyhaler	80/4.5	Orion	120	£21.50	BADPI
Fobumix Easyhaler	160/4.5	Orion	120	£21.50	BADPI
Fobumix Easyhaler	320/9	Orion	60	£21.50	BADPI
Symbicort Turbohaler	100/6	AZ	120	£28.00	BADPI
Symbicort Turbohaler	200/6	AZ	120	£28.00	BADPI
Symbicort Turbohaler	400/12	AZ	60	£28.00	BADPI
Symbicort	100/3	AZ	120	£14.00	MDI
Symbicort	200/6	AZ	120	£28.00	MDI
Formoterol +Beclometasone					
Fostair Nexthaler	100	Chiesi	120	£29.32	BADPI
Fostair Nexthaler	200	Chiesi	120	£29.32	BADPI
Fostair	100	Chiesi	120	£29.32	MDI
Fostair	200	Chiesi	120	£29.32	MDI
Luforbec	100	Lupin	120	£20.52	MDI
Indacaterol + Mometasone					
Aectura Breezhaler	125/62.5	Sandoz	30	£17.49	BADPI
Aectura Breezhaler	125/127.5	Sandoz	30	£21.50	BADPI
Aectura Breezhaler	125/260	Sandoz	30	£27.97	BADPI
Vilanterol + Fluticasone					
Relvar Ellipta	22/92	GSK	30	£22.00	BADPI
Relvar Ellipta	22/184	GSK	30	£29.50	BADPI
Formoterol + Fluticasone					
Flutiform	50	NAPP	120	£14.40	MDI
Flutiform	125	NAPP	120	£28.00	MDI
Flutiform	250	NAPP	120	£45.56	MDI

**The Profitability Tools – Brand Comparisons section of the Dispex [website](#) details the difference in profitability for all of these products.**





## 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.

Our first topics cover **Personally Administered Items & VAT**, Conflict Management, COSHH Risk Assessment, Organising and Delegating, Stress Management and much more. Training for New Dispensers & Apprentices and Prescription Clerk training will follow shortly!

### PA's KEY FEATURES

- ✓ Auto-enrolment with an immediate start
  - ✓ Fully online
  - ✓ Perfect for becoming more confident with PAs and VAT and ensuring your practice does not lose out on profit unnecessarily
  - ✓ Study from anywhere, at any time
  - ✓ Great addition to your CV
  - ✓ Receive an e-certificate upon completion
  - ✓ Dispex CPD certified course
  - ✓ Access a Comprehensive list of Personally Administered Items
- Dispex Members Price - £90 per student!

### Member Discounts

Dispex members are entitled to a 50% discount per student/ per bespoke 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



## 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](mailto:training@dispex.net)

# *Learn at your own pace!!*

# Do Not Go Gently into The Night



I have had a good second late career assisting Dispex members since I founded the company at the turn of the century. I have enjoyed every moment of it and especially meeting members at educational evenings including enjoying a glass of wine with you all (before the rules changed).

I have visited literally hundreds of surgeries on all manner of tasks from Lands End to Dover to Anglesey and as far North as the Shetlands. Not all were Dispex members but all the doctors, the dispenser's and practice managers made me very welcome.

Despite being at the peak of my career, father time marches on and I have a new young family who are growing up fast. I am therefore making succession plans as follows:

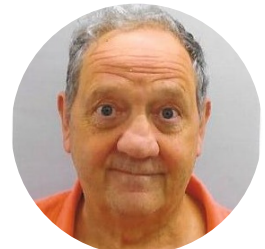
- Will be taking on no new clients after 1st February 2022.

New clients will be referred to my successors.

- Will continue to support existing clients until the end of their current projects or the end of the five-year protection period whichever is greater.

- Past clients will be supported until my knowledge of files are transferred to my successors. I will continue to work for my successors as a consultant including advocacy at Oral Hearings until 1st February 2026. No files will be transferred without the client's permission.
- Will continue with my Expert Witness Reports regarding rurality, controlled drugs and pharmaceutical and or medical negligence for the foreseeable future.
- Will continue to support Dispex as an organisation for as little or as much as they require for the foreseeable future.

If a Dispex member wishes to contact me on any matter, I can be contacted at [office@nvmholdings.com](mailto:office@nvmholdings.com)





# Generics Costing More Than Tariff and Concessions

## A DISPEX SOLUTION

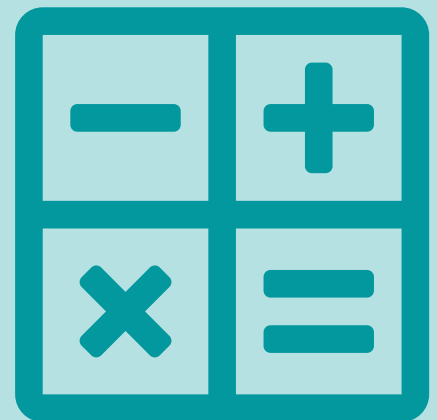
Each month over 100 generics, as priced in the drug tariff or DM+D, are priced at a lower price than the purchase price. When you take the clawback into account, this jumps up to nearer 150 generics.

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](#)!

# HEALTH AND SOCIAL CARE LEVY – WHAT DOES IT MEAN FOR YOU AS AN EMPLOYER?

On 7 September, the Government announced the creation of a new Health and Social care levy which commences from 6 April 2022. For the 2022/23 tax year the levy will be implemented by a simple increase in the rate of Class 1 and 4 NIC. From April 2023 this will be replaced with a new tax – the “Health and Social Care Levy” - which will be shown separately on payslips and self-assessment payments. This means increasing costs for your practice as an employer as well as for your partners as self-employed taxpayers.

## NIC INCREASE FOR 2022/23 TAX YEAR

For the 2022/23 tax year, the Class 1 NIC (including Class1A and Class 1B paid by employers on employee expenses and benefits) and Class 4 NIC rates will be increased by 1.25% for employees, employers and the self-employed, so a total increase of 2.5% in respect of employed workers (split between the employer and employee) and 1.25% for the self-employed. For example, a GP with self-employed profits of £100,000 will pay an additional £1,130, assuming the NIC thresholds are not changed.

At this stage, it is not clear whether there will be any change in the thresholds for the different NIC rates for 2022/23 but this should be clarified in the Chancellor’s Budget announcements on 27 October 2021.

## HEALTH AND SOCIAL CARE LEVY FROM APRIL 2023

From April 2023, NIC rates will return to previous levels but the “Health and Social Care Levy” will appear separately on payslips and self-assessment payments. When this takes effect, the 1.25% levy will also apply to those still working above state pension age (who do not pay NIC). The new levy will apply to the same population and income as Classes 1 and 4 NIC and will be collected via PAYE and self-assessment.

## IMPACT ON EMPLOYERS

As the new levy will create significant extra employment costs for many businesses it is important to analyse the impact it will have on your cashflow and profitability for 2022/23 and later years.

An employee paid £30,000 per annum will pay an additional £255 per year under these measures with an additional £264 payable by the employer.

If you do not already offer varied reward packages to employees it will be worth investigating how using these could help you manage your overall employment costs. For example there are employee benefits which have a low taxable/NICable value such as electric vehicles that will be attractive to employees.

Businesses that already have robust systems in place to manage their off-payroll labour/IR35 obligations may also consider managing future expansion through use of contractors to reduce their employer NIC costs. However, there are many pitfalls for the unwary and each contractor engagement must be assessed on its own merits.

Practices have six months to prepare for these increased costs and those who start the process now have the best chance of limiting any negative impact on their business.

If you would like assistance in assessing the financial impact of these additional costs as an employer and opportunities to mitigate these 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  
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# DispexCD

The online CD register

**ONE FREE ACCOUNT  
ON RENEWAL\***

Saving £18+vat per month



## **FREE FOR**

### **DISPEX MEMBERS**

- One free account per member (offer commencing Oct 2021 and only from your renewal date thereafter)\*
- branch site(s) annual fee £216+vat
- no setup costs
- no extra support costs
- Includes **Returns** registers

### **NON - MEMBERS**

3 months free trial, followed by an annual fee of £216+vat

## **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. Simply register online and get started in minutes, using the computers already in your dispensary, or a tablet or smartphone. **PLEASE NOTE: You must register with the [dispensary@nhs.net](mailto:dispensary@nhs.net) address!!**

## **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 £30 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"

Please click [here](#) to view a demo site and to register!!



# DispexCD

Secure and easy  
to set up!

## STEP 1



Visit the Dispex [website](#) for full details and the trial link

Please read the DispexCD terms & conditions before signing up for the trial -click [here](#)

## STEP 2



The CD Manager must set up the account using the **dispensary's** email (i.e liberty.dispensary@nhs.net) do not use individual @nhs email addresses at this stage

You will also need your sites CQC number and Dispex ID

## STEP 3



Once you have completed the on-line registration, you shall receive an email with your password. You can now securely access your online CD register

## STEP 4



Once logged into your account, you can add authorised colleagues and their individual email addresses, by clicking on the top righthand drop down arrow> settings >add user

A full list of "How to" SOPs can be found within your account

**DispexCD** accounts include a complimentary CD Returns Register!

NICE recommendations for dealing with returns CDs:

### Witnessing and recording the destruction and disposal of stock controlled drugs

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

**1.8.4** When destroying and disposing of stock controlled drugs in Schedule 2, health professionals:

- must record the following, in line with [Regulation 27](#) of the 2001 Regulations:
  - the name, strength and form of the controlled drug
  - the quantity
  - the date of destruction
  - the signature of the authorised person witnessing the destruction
- should record the signature of the person destroying the controlled drugs.

Click [here](#) for the full source information.

**Simple to set up, straightforward to use!**

Date supply received or date received	Name and address from which received	Quantity received	Persons or firm supplied	Details of authority to supply (prescriber or source details)	Was the drug a Schedule 2 controlled drug?	Was proof of identity required or present collecting product?	Was proof of identity provided?	Quantity supplied	Balance	
17-03-2021	John Doe 1 Unknown Place	1	Gregory House (123456789) Pisceton plamboro	Patient Collected	Yes	Yes	Yes	40ml	2140ml	
16-12-2020	John Test smith 1 Wondersus Road	1	Gregory House (123456789) Pisceton plamboro	Patient Collected	Yes	No	No	113ml	2029ml	
18-03-2021	<b>Balance Checked</b> Checked By: Test Pharmacist (7654321)								2029ml	

Have a look around the DispexCD and see how easy it is to use- Visit the above [Youtube video](#)

# 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.

### Question:

Q- Can we issue a Hospital or dental script to our dispensing patients?

Dispex members can visit our [Informatics page](#) to find out the answer and view the relevant Regulations!

**I'm doing it all poorly from here on in – by Paula the PM**

Source: Practice Index - Paula the PM

On an unusually introspective day, I read [this](#) article. It led me to thinking about this in the context of my life. I am a bit of a perfectionist. I don't always succeed in perfection, but I am always striving to do my best. It's what, arguably has made me a good PM over the years, because I never wanted to do 'less than'. The concept that you do 'enough' rather than everything is totally alien to me.

There's an internal juxtaposition though, despite my love of all things perfect, the last 18 months have most definitely taught me that the world isn't perfect and I need to operate within it.

I know that there are some moments where I need to let perfection slip away in order to maintain some semblance of control over the overwhelming tide of things headed my way. I suspect that most PM's over the last year and a half feel like they are slowly drowning in a tide of rules, regulation, guidance, exhausted staff and unhappy patients. And things are not improving, if anything, it is getting worse.

I like to think I'm pretty organised and good with deadlines, but the sand has been shifting under my feet more quickly than I could ever have anticipated. So, I know that I need to let some things slide in order to maintain some sanity. How do I decide what?

Almost like the answer to a prayer, a friend sent me [this](#). This is an analogy I can work with. Almost everything in my life now gets allocated rubber ball or glass ball status. Rubber ball – I can drop that one, no problem. Glass ball, handle with extreme care and drop at your peril!

I once attended a time management course (can you see a theme?) where they recommended a 1-4 A-D scale for importance and deadlines. Anything low importance gets dropped, and so on. I spent so much time trying to categorise whether things were important and time sensitive that a whole load more of my to-do list had become time sensitive while I tried to work out what I could afford to drop. Now it's simple – glass ball, rubber ball. I've also learned that some balls can be handed to others for safe keeping. And just like that, for the first time – I'm juggling and it's easy. Click [here](#) for the source.

**Limitations to social prescribing within primary care**

Source: Practice Index

Social prescribing is unlikely to reduce health inequalities, according to a study published today. Social prescribing is unlikely to reduce health inequalities, according to a study published today. Researchers in Scotland completed a two-year evaluation of the Deep End Links Worker

Programme (LWP), which was set up as part of a key health policy in primary care practices to reduce health inequalities.

The Scottish Government is promoting social prescribing to help mitigate health inequalities and has pledged to roll out 250 link workers nationally by the end of the parliament in 2021. Before this, it piloted the Deep End Links Worker Programme (LWP), which targeted GPs based in practices serving some of the most deprived patients in Glasgow. The researchers, from the universities of Glasgow and Edinburgh, followed the progress of seven general practices in deprived areas of Glasgow and used thematic analysis to identify the extent of LWP integration in each practice and the key factors associated with implementation. They then used normalisation process theory (NPT) to analyse the outcomes and success, writing their results in the latest edition of the British Journal of General Practice.

In the two-year study period, only three of seven practices fully implemented the programme as planned and the team found practices that fully integrated the LWP had a better shared understanding of the programme, higher staff engagement, and implemented the LWP at all three of its intended levels of impact of patient, practice, and community. They also said success of the scheme was influenced by leadership, team relationships, how practices dealt with disrupted community link practitioner (CLP) support, and how practices dealt with other ongoing interventions in and around the practice.

The two practice types did not differ in terms of their list size or ethnicity of patients, but there were more Partially Integrated Practices (PIPs) with training practice status compared with Fully Integrated Practices (FIPs). Training practices were found to be more innovative than non-training practices, which would not explain these findings. Even in a well-resourced government funded social prescribing programme, the majority of general practices involved in this study had not fully integrated the programme within the first two years. This is important as it shows that implementing social prescribing within primary care at scale is unlikely to be a 'quick fix' for mitigating health inequalities, the researchers say.

The researchers conclude that even in a well-resourced government-funded programme, the majority of practices involved had not fully integrated the LWP within the first two years, which would mean implementing social prescribing and link workers within primary care at scale is unlikely to be a "quick fix" for mitigating health inequalities in deprived areas.

They add that embedding new innovations in primary care can take many years and admit they do not know if the PIPs would become FIPs or if the interventions would continue to be sustained in the FIPs. Click [here](#) for the source.



# Members Save



**£25 per month**

for access to the Profitability, Discount Updates and Informatics Tools (SPOT)

**£15**

on every delegate place  
(online tutorials)

**£75-100**

per learner/ per Dispex  
Education course

**£30**

per delegate place on  
our members' webinars  
(when available)



**£18 per month**

for one digital DispexCD  
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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.

**Annual Subscription**

*Get 2 months FREE when you pay annually*

**£350/yearly**

(ex VAT)

**Monthly Subscription**

**£35/monthly**

(ex VAT)

# NHSBSA WEBINAR

## 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](#)



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Schedule 2 Controlled Drugs

# CONTROLLED DRUG SUPPLIES

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## DISPEX CAN PROVIDE YOU WITH ALL YOUR NEEDS IN CONTROLLED DRUGS

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



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

**Order directly for guaranteed BEST price!**

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

### Denaturing Kits

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



### Online CD Training

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

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

Order: E: [enquiries@dispex.net](mailto:enquiries@dispex.net)

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

T: 01604 859000



## National overprescribing review report

Source: DHSC

The findings and recommendations of the national overprescribing review led by Dr Keith Ridge, Chief Pharmaceutical Officer for England.

The government commissioned Dr Keith Ridge, Chief Pharmaceutical Officer for England, to lead a review into the use of medication and overprescribing.

The review was guided by a short life working group (SLWG), which brought together senior stakeholders from across the healthcare system, together with patient and third sector representation. It looked at reducing inappropriate prescribing, with a particular focus on the role of digital technologies, research, culture change and social prescribing, repeat prescribing and transfer of care.

The review sets out a series of practical and cultural changes to ensure patients are receiving the most appropriate treatment for their needs while ensuring clinicians' time is well spent and taxpayer money is spent wisely. This includes better use of technology, how to review prescriptions more effectively, and how to offer alternatives to medicines where they would be more effective. Click [here](#) to read the review.

## Cornwall PCN wheels out electric car fleet to reduce carbon footprint

Source: GPOonline 23/9/21

Staff at a primary care network (PCN) in Cornwall have committed to reducing their carbon emissions and operating more sustainably by using a fleet of electric cars to carry out day-to-day operations.

Click [here](#) and login to read in full.

## Dispensing Fee Scale October 2021

Once the new scale has been published we will upload details to our website and social pages, so keep an eye on our blog, [Twitter](#) and [Facebook](#) pages!

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

## Antibody and cellular therapies for treatment of covid-19: a living systematic review and network meta-analysis.

Source: BMJ 23/9/21

**Objective** To evaluate the efficacy and safety of antiviral antibody therapies and blood products for the treatment of novel coronavirus disease 2019 (covid-19). Click [here](#) to read the full source review.

## BMA demands meeting with health secretary to tackle abuse of GPs

Source: BMJ 21/9/21

The BMA has called for an urgent meeting with England's health and social care secretary, Sajid Javid, to tackle a growing tide of abuse against general practices.

In a [letter](#) to the health secretary the BMA's council chair, Chaand Nagpaul, called for a change in the law to increase the maximum sentence for assault against health and emergency workers from 12 months' imprisonment to two years.

He also called for the government and the health secretary to publicly support the profession by condemning "the onslaught of abuse and media scapegoating of GPs and their staff." Click [here](#) and login to read the source in full.

## The NHS will today launch the world's largest trial of a revolutionary new blood test that can detect more than 50 types of cancer before symptoms appear.

Source: NHS England

The first people to take part will have blood samples taken at mobile testing clinics in retail parks and other convenient community locations.

The Galleri(tm) test checks for the earliest signs of cancer in the blood and the NHS-Galleri trial, the first of its kind, aims to recruit 140,000 volunteers in eight areas of England to see how well the test works in the NHS.

**NHS chief executive Amanda Pritchard said:** "This quick and simple blood test could mark the beginning of a revolution in cancer detection and treatment here and around the world.

By finding cancer before signs and symptoms even appear, we have the best chance of treating it and we can give people the best possible chance of survival. The NHS has a successful track record of leading the way on innovations in cancer diagnosis and treatment, from CAR-T therapy to COVID-friendly drugs.

The Galleri blood test, if successful, could play a major part in achieving our NHS Long Term Plan ambition to catch three quarters of cancers at an early stage, when they are easier to treat.

So if you are invited, please take part – you could be helping us to revolutionise cancer care and protect yourself." Click [here](#) for the source.

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

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# Dosette Boxes

**7 Day Disposable Compliance Aids**

**This system offers four tray types!**

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

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



# 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

**We would love to hear from you!**

Please send your website feedback or recommendations to [enquiries@dispex.net](mailto:enquiries@dispex.net)





# DON'T FORGET TO REGISTER FOR YOUR DISPEX LOGIN!!

Dispex Members will need to register for a new login to see the new features!

Please send the following details to [training@dispex.net](mailto:training@dispex.net)  
**Dispex ID** (if known)  
**Surgery Address**  
**Main @nhs email address**  
*i.e libertydispensary@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! Please feel free to send us any [feedback](#) or submit any suggestions for additional features!

[Click here](#) for a Members' User Guide

## WEBSITE KEY FEATURE

### Generics costing more than the 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.

Our monthly tables highlight the most 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 updated tables!

 DISPEX



# 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, Northumbria 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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For full event details and prices please click [here](#) to visit the Healthcare Conference website. Dispex members are entitled to a 10% discount, please contact Dispex for the discount code, [training@dispex.net](mailto:training@dispex.net) or call 01604 859000.

# Audit

## Shaun Newman Dispensing Doctors Consulting

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

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

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

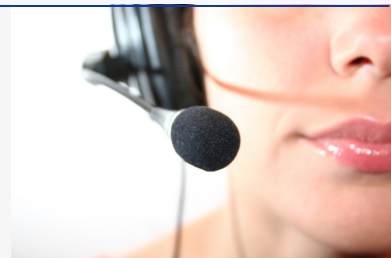
I have worked with many dispensing practices all over the Country. Looking to support them with any aspect of their dispensing business that I can, which regularly involves reviewing their prescribing, purchasing and dispensing with a view to maximising profitability.

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

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

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

## WE'RE HERE TO HELP



### Dispex Ltd

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sales@dispex.net  
training@dispex.net  
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[dispex.net](http://dispex.net)



01604 859000

10am-3pm



# DO YOU KNOW WHERE YOUR PRESCRIPTIONS ARE BEING DISPENSED?

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

**FREE FOR DISPEX MEMBERS**

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for details



# DISPEX

Member discounts apply

# 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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**LEADERSHIP IN PRACTICE**  
*building capability in general practice*

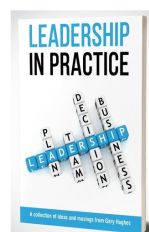
At Leadership in Practice Gary and Chris share a passion for simplicity and excellence in leadership and management and helping others reach their potential.



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

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**DISPEX**



# INSULIN

## Batch Submissions

**Q. Do you have anything that you could send me that explains why insulin doesn't have to be on a script by itself and doesn't need to go in with the PA's?**

**A- From Mark Gibbon- NHSBSA**

When submitting your batch, many dispensers separate the PA forms and leave them at the top of the batch. This is often because of dispensary working practice on your behalf, rather than how Prescription services process them. We scan every form we receive, before it is either processed by our technology or presented to staff. These forms filter through our system at different rates, depending what is on those forms.

So often forms you have banded together, do not always follow each other through the system. Therefore, the order we process your forms becomes random hence there being no need to put Insulin forms in with your PA items.



**Business Services Authority**

These forms are read and processed on their own merit, rather than where in the batch you submit them. Be assured we process the Insulin correctly no matter where you submit it in the account - whether you place them with your PA's or scatter them throughout the batch.

If your dispensary working practice is to send them in with the PA's separated at the top, then that is fine with us and does not affect how Prescription services will process, but more importantly does not affect how we pay those items.

For details on the next free NHSBSA webinar please see page 22.