

# Gazette

YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues



## New Educational Opportunities

WITH

 **DISPEX**  
EDUCATION



**Next Year's Tutorials Announced: see pages 6-8**

news

opinion

articles

learning & development

technology

offers

The clocks may have turned back, but we are certainly looking forward! Dispex has new educational opportunities ahead, from our new tutorial dates for 2022, free places on our DispexCD webinar, to our new educational partnership!

Dispex is very pleased to announce that we have teamed up with Paragon Skills, the leading provider of Apprenticeships for HealthCare settings.

Dispex Education has developed a DDA approved Online Learning Module for New Dispensers and Apprentices in Dispensaries. Apprentices recruited by Paragon will be eligible for free access to this 30 hour course which will give candidates the confidence to understand the complexities of dispensing and work in dispensaries.

Paragon Skills provides an apprentice recruitment service which supports you to find quality candidates to join your dispensary. They advertise and shortlist and then co-ordinate interviews with your own team and then sort out contracts and the Apprentices CPD.

For new apprentices that you hire into new roles within your dispensary between November 2021 and 31 January 2022, the Government is offering additional incentive payments of £3000 per apprentice.

This is in addition to the existing £1,000 bonus already in place per apprentice for 16–18-year-olds and for 19–24 year-olds with an education, health and care plan or who have been in the care of their local authority.

To discuss employing an Apprentice, please contact Alistair Ling directly- [alistair.ling@pagon.co.uk](mailto:alistair.ling@pagon.co.uk)  
[www.paragonskills.co.uk](http://www.paragonskills.co.uk)

To see more information about all the Dispex Education Courses, including our New Dispensers and Apprentices Course, please click [here](#) or see pages 4-5.



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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# Brand VS Generic Prescribing

## Prescribe generically despite pressure to use brands – tools to assist you in resisting pressure from prescribing teams

Following publication on the PSNC website that Pharmacy was getting an injection of £12.2 million in this quarter, I have researched why this is.

The Community Pharmacy Contractual Framework 5-year deal: year 3 (2021 to 2022) outlines the new services and payments that Pharmacy will be incentivised to take part in. As well as the new Services, there is a balancing payment that will be made to Pharmacy:

### Funding Delivery

To ensure delivery of the agreed financial settlement taking into account the outturn for 2019 to 2020 and 2020 to 2021 and forecast for 2021 to 2022, £12.2 million will be added to the medicines margin in the next quarter (October to December 2021), the Single Activity Fee will increase by 2p to £1.29 from August 2021 to March 2022, and an additional £10 million will be allocated to the transitional payment in 2021 to 2022.

This additional £12.2 million comes about as a direct result of the monthly Pharmacy Retained Margin Survey. Each month numerous pharmacies have to send their purchase prices and income to the Margin Survey, who then calculate the Retained Margin, which is set as a maximum of £800 million per annum across all pharmacies in England. If Pharmacies overall increase their profitability above the £800 million, then the NHS reduces Pharmacy Fees and

might increase Pharmacy Discount Abatement or utilise other measures to try to reduce Pharmacy Retained Margin (Profit). If, however, profits reduce, then the NHS has to pump more money into Pharmacy. This is why the NHS is spending an extra £12.2 million this quarter.

To try to work out the reason why Pharmacy profits have been reduced is not easy. There are however a number of factors which can be quantified. The increase in the number of generics whose Drug tariff price is less than their acquisition cost has made an impact on pharmacy profit. In addition, the CCGs' zealot-like drive to switch patients to branded products to bring about in-year savings has an unintended consequence of reducing pharmacy profit and thus costing the NHS more in the long run.

I shall try to explain this using 3 examples of products which practices are getting increasing pressure to prescribe by brand.

### Fenbid vs Ibuprofen gel 5% x 100g

Net Ingredient Cost:

Fenbid = £1.50

Ibuprofen gel = £3.04

This looks like an obvious saving to the CCG of £1.54 per item

In March 2021, there were 78,250 items dispensed as Fenbid by Pharmacy. Extrapolating this figure over the year, gives approximately 939,000 items, producing an apparent in year saving of £1,446,000.

Continues on the next page.....



Unfortunately, this saving needs to be set against the reduction in profit for Pharmacy by having to dispense Fenbid as opposed to being able to source the most profitable generic available. Most pharmacies will be able to obtain generic Ibuprofen at about £1.00. If 80% of the Fenbid prescriptions were prescribed generically, then Pharmacy would make £1,532, 000 profit.

The reduction of 80% of the CCG savings equates to the CCG reducing their savings by £1,115,000 per annum. However, the Margins survey would show an increased profit to pharmacy of £1,532,000 which would be clawed back by the NHS reducing the NHS drug bill.

**The net effect is a saving for the NHS of £417,000 per annum by switching from Fenbid to Ibuprofen gel generic.**

## Repinex XL 2mg x 28 vs Ropinirole XL 2mg x 28

Net Ingredient Cost:

Repinex = £6.20

Ropinirole XL= £12.54

This looks like an obvious saving to the CCG of £1.54 per item

In March 2021, there were 1,536 items dispensed as Repinex by Pharmacy. Extrapolating this figure over the year, gives approximately 18,400 items, producing an apparent in year saving of £116,000.

Unfortunately, this saving needs to be set against the reduction in profit for Pharmacy by having to dispense Repinex as opposed to being able to source the most profitable generic available. Most pharmacies will be able to obtain generic Ropinirole at about £2.50. If 80% of the Repinex prescriptions were prescribed generically, then Pharmacy would make £1,477,000 profit.

The reduction of 80% of the CCG savings equates to the CCG reducing their savings by £92,000 per annum. However, the Margins survey would show an increased profit to pharmacy of £1,477,000 which would be clawed back by the NHS reducing the NHS drug bill.

**The net effect is a saving for the NHS of £1,385, 000 per annum by switching from Repinex to Ropinirole XL generic.**

## Butec 10mcg patches x 4 vs Buprenorphine 10mcg patches x 4

Net Ingredient Cost:

Butec = £14.20

Buprenorphine = £31.55

This looks like an obvious saving to the CCG of £17.35 per item

In March 2021, there were 36,817 items dispensed as Butec by Pharmacy. Extrapolating this figure over the year, gives approximately 4,441,800 items, producing an apparent in year saving of £77,065,000

Unfortunately, this saving needs to be set against the reduction in profit for Pharmacy by having to dispense Butec as opposed to being able to source the most profitable generic available. Most pharmacies will be able to obtain generic Buprenorphine at about £11.00. If 80% of the Butec prescriptions were prescribed generically, then Pharmacy would make £73,023,000 profit.

The reduction of 80% of the CCG savings equates to the CCG reducing their savings by £61,652,000 per annum. However, the Margins survey would show an increased profit to pharmacy of £73,023,000 which would be clawed back by the NHS reducing the NHS drug bill.

**The net effect is a saving for the NHS of £11,371,000 per annum by switching from Butec to Buprenorphine generic.**

Once you start adding up all the apparent savings made in year by CCGs and compare them with the potential savings for the NHS brought about by the margins survey, it becomes apparent that the CCG "Ghost" savings do not benefit the NHS. To the contrary, the CCG Prescribing Teams are costing the NHS millions.

There are very strong arguments clinically to prescribe generically as much as possible, and indeed, many GPs were incentivised to do so over many years. The move away from Generic prescribing to targeted brand prescribing is not good for the patient and not good for the NHS. Whatever form the new ICOs take, they will need to take the net cost of Brand prescribing into account when instructing their Prescribing Teams.

<https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/community-pharmacy-contractual-framework-5-year-deal-year-3-2021-to-2022>



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1 Burudpakdee C et al. A Retrospective Study of the Effectiveness of AeroChamber® Plus® Flow-Vu® VHC on Asthma Control. Pulmonary Therapy 2017. 2 Study Summary - AeroChamber® brand of spacers 2020. 3 Suggest 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. 4 Dorinsky P et al. Relative Bioavailability of Budesonide/Glycopyrrolate/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.

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# Coming This November!!

## Training for New Dispensers and Apprentices

This course is accredited by the Dispensing Doctors Association

This auto-marked programme will give you the knowledge you need to understand Dispensing in a Dispensing Doctor setting. This course is suitable for newly qualified Dispensers or it can run alongside the undertaking of a NVQ2 qualification. This course is accredited by the Dispensing Doctors Association, and meets the training requirements for individuals involved with the dispensing process.

**Dispex Members:** AVAILABLE FOR JUST £120.00 pp or FREE via our new Paragon Offer\*

- ✓ Auto-enrolment with an immediate start
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- ✓ Fully online
- ✓ Study from anywhere, at any time
- ✓ Perfect for an introduction to a subject or a subject refresher
- ✓ Great addition to your CV
- ✓ Receive a certificate upon completion
- ✓ Official Dispensing Doctors' Association CPD certified course

The sections below cover all the relevant knowledge and skills needed to start out in a dispensing practice as either a new dispenser or an apprentice.

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 inc VAT - Per Non-member**

*Once fully completed, you will be able to print your DDA Accredited Certificate of Completion*



Apprentices recruited by Paragon will be eligible for free access to this 30 hour course which will give candidates the confidence to understand the complexities of dispensing and work in dispensaries\*.

To discuss employing an Apprentice, please contact Alistair Ling directly- [alistair.ling@pgon.co.uk](mailto:alistair.ling@pgon.co.uk)  
[www.paragonskills.co.uk](http://www.paragonskills.co.uk)

## Making Sense of Personally Administered Items and VAT- Unravelling the Mystery

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

This auto-marked programme will give you the knowledge you need to understand PAs and VAT in a dispensing doctor setting. This comprehensive course is suitable for those that already have some experience with PAs and VAT.

**Dispex Members-** AVAILABLE FOR JUST £90.00 pp

- ✓ Auto-enrolment with an immediate start
- ✓ Four hours of educational content
- ✓ Fully online
- ✓ Study from anywhere, at any time
- ✓ Great addition to your CV
- ✓ Receive a certificate upon completion

#### 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 inc VAT - Per Non-member**

*Once fully completed, you will be able to print your Certificate of Completion*



### 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!!***



# 2022 ONLINE TUTORIALS

Live dispensary Training with a Dispex tutor



*Each session is limited to 12 delegates!*

## New Schedule

We understand that your protected learning time may still be limited, as we continue to live through the pandemic, for this reason we have decided to continue to deliver our training online via our "bitesize" sessions for early 2022. Our range of online professional training courses are hosted by welcoming and knowledgeable Dispex tutors.

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 can book online!

### January

- 12th Jan- Controlled Drugs Part 1
- 13th Jan- Practical Dispensary Management Part 2
- 19th Jan- Understanding Profitability Part 2
- 20th Jan- DSQS
- 26th Jan- Drug Tariff & Endorsing
- 27th Jan- Intro to Practice Finance Part 1

### February

- 2nd Feb- Dispensary Customer Service Part 1
- 3rd Feb- Business Management of a Dispensary Part 1
- 8th Feb- NHSBSA Endorsing inc Referred Backs (W)
- 9th Feb- Controlled Drugs Part 2
- 10th Feb- SOPs
- 16th Feb- Understanding Profitability Part 3
- 17th Feb- Practical Dispensary Management Part 3
- 23rd Feb- DRUMS
- 24th Feb- Intro to Practice Finance Part 2
- 24th Feb- DispexCD Webinar (W) 11:30-12:30

### March

- 2nd Mar- Drug Tariff & Endorsing
- 3rd Mar- Business Management of a Dispensary Part 2
- 9th Mar- Dispensary Customer Service Part 2
- 10th Mar- NHSBSA Batch & Switching (W)
- 16th Mar- Practical Dispensary Management Part 1
- 23rd Mar- DSQS
- 24th Mar- Intro to Practice Finance Part 1
- 30th Mar- Controlled Drugs Part 1
- 31st Mar- Business Management of a Dispensary Part 3

### April

- 6th Apr- Dispensary Customer Service Part 1
- 7th Apr- SOPs
- 13th Apr- Controlled Drugs Part 2
- 14th Apr- Practical Dispensary Management Part 1
- 20th Apr- Drug Tariff & Endorsing
- 21st Apr- Intro to Practice Finance Part 2
- 27th Apr- Practical Dispensary Management Part 2
- 28th Apr- DRUMS



## HOW TO BOOK:

**COURSE TIMES ARE 1-2PM**

Please book online at [dispex.net/training](https://dispex.net/training)

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

# 2021 DATES:

## NOVEMBER

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 - DispexCD Webinar (W) 11:30-12:30  
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**

## 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.

### 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.

## 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.

## 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.

### 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.

## 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.

## 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.

## 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.

### 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.

## 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.

### 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.

### 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.



# What Our Delegates Say



***"The slides were very good and I enjoyed the course being online"***

Dispensary Lead

***" Very comprehensive content"***

Drug Tariff- Dispensary Team Leader

***"Explained very clearly, easy to follow online"***

Dispenser

***" There was a lot of information offered and it was explained very clearly. It was easy to follow and had a good delivery"***

Intro to practice finance -Finance Team

***"The course was on time & engaging"***

Senior Partner

***"The DSQS course has given me more confidence to do DRUMS"***

DSQS Guidance- Dispenser

***"I think its good to have a refresh, Controlled Drugs are very important to be managed correctly"***

Controlled Drugs- Checking Technician



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

## Practices could boycott red tape after talks fail

Source: Practice Index 1.11.21

GP leaders have given new details of their proposed industrial action after the collapse of a deal on the government's "name and shame" plans.

The British Medical Association set out four areas of action which doctors will take if they vote to support the protest in a ballot. It said the actions would mainly have an impact on administration and "time wasting" parts of their contract – rather than on patient safety and care.

Last week GP leaders thought they had reached a deal with NHS England to abandon the "name and shame" league tables the government intends to publish to highlight practices allegedly not offering enough face to face appointments. But the deal was repudiated by health secretary Sajid Javid.

The BMA proposes to "disrupt" collection of appointment data and prevent the creation of the league tables. Practices would also refuse to submit GP earnings data to NHS England. They would also refuse to provide COVID vaccine exemption certificates to patients. And they would disengage from Primary Care Network direct enhanced services.

BMA GP committee Dr Richard Vautrey said: "It's important to stress that these actions are not directed at patients, nor the care they receive, but absolutely at the Government and NHS England, and in the interests of patient safety, they must act now to stop the abuse, reverse the unsustainable workload and address the burnout felt by so many GPs and their teams. When you add to that the levels of bureaucracy we are expected to cope with, the time has come to say we cannot go on like this anymore. Yet the Government and NHS England's plan to solve this and support practices through the winter will make matters a lot worse. The Government's plan has simply added fuel to the fire in creating further bureaucracy and punitive measures for practices and demoralised the whole workforce."

Click [here](#) to read the source article.

## General practice delivers record appointments as row simmers

Source: Practice Index 29.10.21

Practices have delivered a record number of appointments, according to data published yesterday amid the simmering row over the switch to phone appointments.

British Medical Association sources announced a deal to scrap the controversial "name and shame" league tables, promoted by the government. But this was later denied by health secretary Sajid Javid.

According to NHS Digital, practices delivered an estimated 28,660,000 appointments in September, an increase of five million from August. 17.3 million were face to face and ten million by telephone. 14.4 million appointments involved GPs. In October 2019 practices had 30.8 million appointments but in September that year they undertook 26.4 million appointments.

BMA GP committee chair Dr Richard Vautrey said: "The enormous jump in appointments in general practice in the last month, up by 4.7million, is a clear sign that GPs are working harder than ever to see as many patients as possible and clear the backlog. This is a testament to the dedication of GPs and practice staff who are going above and beyond to deliver care in exceptionally difficult circumstances, amid a persistent decline in the number of GPs and the implications of COVID safety measures on how care can be delivered."

Royal College of GPs chair Professor Martin Marshall said: "Today's figures highlight just how extremely hard GPs and our teams are working, caring for patients in their communities and alleviating pressures elsewhere in the NHS. The College has always been clear that post-pandemic, when it is safe, we would like to see a blend of in person and remote care being delivered in general practice, and that how GP care is accessed should be a shared decision between patient and clinician. This is clearly already happening – yet the narrative that remote care is sub-standard prevails and is concerning. Good, safe and personalised care can be delivered remotely, and it is not confined to general practice."

Click [here](#) for the source article.





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**HA**  
VisuXL®  
Xailin® HA



**Paraffin**  
Xailin® Night



**Other**  
VisuEVO®



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Please contact VISUfarma HQ for more information

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



2.12.21 & 24.2.22

# FREE DispexCD WEBINAR

**Not made the digital switch!? Attend our free webinar to hear the why and how!**

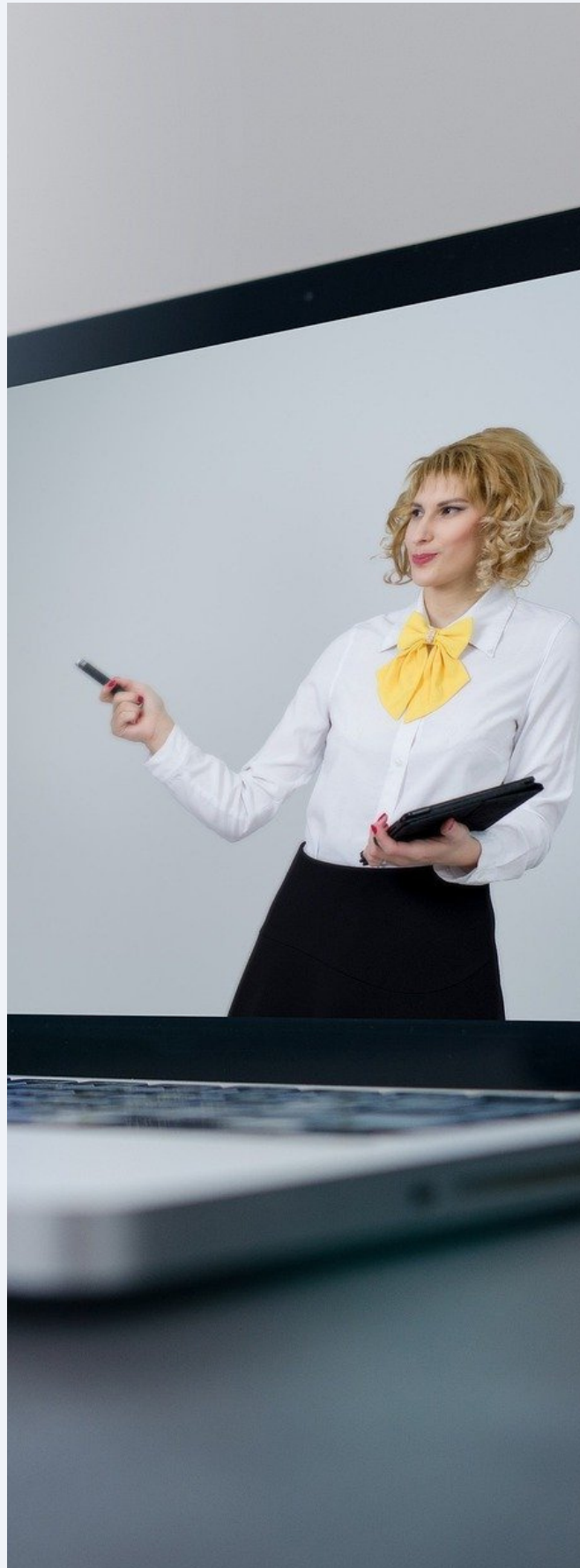
- DispexCD is fully legally compliant and supports NICE best practice
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**11:30 am - 12:30 PM**

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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.

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**BEST PRICE** - No cheaper price for a CD register

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## Recruitment and Retention

'Growing your own' is not a new phenomenon; there have long been stories of CEOs who have worked their way up from the shop floor. Talent mobility is this idea, refreshed, providing a way for employees to visualise and control their progression within the organisation. Taking a strategic approach to this, by getting to know the skills, experiences and career interests of current employees and turning this into an internal talent marketplace from which to draw is going to give employers a competitive advantage, and something they need to think about developing.

Actively recommending existing staff for new roles and giving them access to projects outside of their current responsibilities, is all part of a talent mobility strategy that can improve engagement, productivity, satisfaction, and loyalty.

Making a bad hiring decision costs time and money and leaves a skills void that needs to be filled. Organisations therefore need to think if their traditional means of recruitment still fit, or if they need a more strategic approach aligned with the organisation's goals and long-term plans. Talent acquisition and management that is data driven uses data to source and attract top talent. It can then be used to optimise the candidates journey through to appointment and acceptance and track them as they go through the employment journey, and beyond if they choose to move on.

Using data identifies specific traits of candidates who are more likely to stay with an organisation.

It also allows organisations to tailor the benefits they offer to attract the right candidates and develop progression opportunities that keeps the employee within the organisation, rather than looking externally.

With soft skills more in demand than ever before, and employers looking to attract niche skills rather than filling specific roles, data also assists in focusing on talent and skills, rather than academic performance or qualifications.

However, a note of caution. As one large employer found to their chagrin, using data rather than a manager's impression, can eliminate that managers bias. But if the data provided for machine learning is already biased, for example where predominantly male candidate's data is used to identify the desired skills and traits, it can lead to an algorithm bias that favours particular groups, thereby building in an inherent bias that can be impossible to overcome without a complete overhaul. Whilst data clearly therefore has a role in equipping organisations to make informed and strategic decisions, it is not a miracle cure.

Sourcing the best candidates is the goal of recruitment. However, if an organisation is not doing enough to source and attract candidates from diverse groups, it may not be finding the best of the best, but rather the best of the already overpopulated group already represented within their employees.

Continues on the next page.....



However, if an employer takes steps to integrate diversity into its vision, embedding diversity considerations into the day-to-day work of its recruiters and staff, and making recruiters accountable for this, it can drive its talent acquisition towards much more diverse people.

Starting at the very beginning, where candidates are sourced from can either promote or diminish diversity. Making sure to utilise sources that have access to a diverse range of candidates and reviewing the job brief and design to include diversity commitments and policies, are all steps in the right direction.

Other means of increasing diversity employers can consider are assessing the location and form that interviews take. Are they accessible? Do they promote an unconscious bias for particular groups over others? Having representatives of diverse groups from senior management involved in the recruitment and interviewing processes will encourage diverse candidates to come forward and feel comfortable.

Finally, businesses may also want to consider if their brand showcases diversity in the way that they want, and highlights the steps they are taking, and have already made, if they want to attract the right talent.

The impact of COVID-19 on businesses in the UK cannot be overstated. It has been huge and has forced many employers to re-assess their resources and processes. For some, this has meant a hiring freeze, at least certainly in the early stages of the pandemic response. In stopping new recruits from coming into the business, organisations have risked becoming stagnated, with no new ideas, and therefore internal development and hiring from within for posts has become more important.

Another practical difficulty posed by covid-19 has been social distancing, work from home advice and successive lockdowns. These have resulted in a move from a traditional face-to-face process, where recruiters can assess not only what candidates are saying, but also their body language and informal interactions before and after interviews, to a sterile video call, whereby the richness of human expression can be lost. On the other hand, this has given employers access to a much wider talent pool, if geographic limitations are no longer an issue.

Changes in the job market is another impact of covid-19. Press reports of significant signing on bonuses for warehouse staff, and increased wages in those industries that have seen a boom during the pandemic (such as home

deliveries and supermarkets) have all changed the way people are hired into these roles. Employers now need to step back and consider how their business, and hiring practices, have changed since the start of the pandemic, and which changes they want to permanently incorporate moving forwards.

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



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# 2022 NHSBSA WEBINARS NEW DATES



**8th FEBRUARY -Endorsing including Referred Backs**

**FREE- 1PM START**

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

Click [here](#) to book

**10th MARCH-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



# FINAL PAY CONTROL CHARGES – ARE YOU DUE A REFUND?

The Final Pay Control regulations are in place to protect the NHS Pension Scheme against the pension cost of excessive increases in pensionable pay by an employer and apply to the 1995 Section of the NHS Pension Scheme (including 1995/2015 transition members). If in the final three years of employment an employer gives a scheme member an increase in pensionable pay over the allowable amount, then a charge arises on them as the employer.

Changes have been made to the allowable amount this year and further exemptions added and, as these apply retrospectively, GP practices should check their position before 31 December 2021 – the deadline to pursue any refund of a charge.

## THE ALLOWABLE AMOUNT

A member's pensionable pay can increase by an allowable amount in the last three years up to retirement but, if this allowance is exceeded, then a final pay charge is calculated and charged to the employer. Where there are two employers for the member, the liability applies to the one that increased the pensionable pay.

The final pay calculation is triggered when a member's AW8 retirement application form is submitted alongside the final pay control supplementary form.

## CONSULTATION OUTCOME AND ACTION TO REVIEW

Following a consultation that concluded earlier this year, the allowable amount increased from 1 July 2021 to become the lesser of the:

- ▶ Member's pensionable pay in the relevant year, or
- ▶ Member's pensionable pay in the previous year plus CPI (consumer prices index) plus 7% (prior to 1 July 2021 4.5% plus CPI), or
- ▶ Percentage increase in the member's pensionable pay for the current year compared to the previous year.

New exemptions were added to the regulations from 1 July 2021 which include:

- ▶ Nationally agreed contracts, framework agreements or re-banding where this is authorised under particular NHS terms and conditions
- ▶ National Clinical Excellence Awards

- ▶ Promotions following fair and open competition
- ▶ The ending of a salary sacrifice arrangement
- ▶ An increase in practice profits impacting non-GP providers (in certain scenarios).

Any calculations on or after 1 July 2021 will apply the revised increased percentages as well as the new exemptions. The increase to the percentage from 4.5% to 7% as well as the new exemptions are to be applied retrospectively to 1 April 2018.

## 31 DECEMBER 2021 DEADLINE – ARE YOU DUE A REFUND?

Due to the retrospective application of these changes, employers have until 31 December 2021 to request a review of a final pay control charge if they received an invoice or made payment for such a charge since 1 April 2018. Such reviews should result in a decrease to charges, therefore, this is an important deadline to meet – late applications will not be allowed for any reason. To request a review, complete a Final Pay Control reassessment application form at [www.nhsbsa.nhs.uk/employer-hub/final-pay-controls](http://www.nhsbsa.nhs.uk/employer-hub/final-pay-controls).

## ASSISTANCE

If you would like assistance in reviewing final pay control charges you have received or to consider the impact of the final pay control regulations for future staff pay increases you are considering please [get in touch with our team](#) or your usual BDO contact.



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  
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# 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 1- Can we sell Blacklisted products to patients eg Calpol?

Q 2- How should we deal with Nurse Prescriber scripts when submitting them for payments?

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

**The MHRA is committed to improving patient safety and strategically runs regular public health campaigns to raise awareness about the importance of reporting to the Yellow Card scheme.**

Source: Yellow Card

How you can help support our Yellow Card campaigns  
Help us spread awareness by encouraging healthcare professionals, patients, carers and parents to report side effects themselves online at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or using the Yellow Card app. Please support our campaigns by retweeting, liking and sharing our content on social media. You can find us on:

- [Twitter](#)
- [Facebook](#)
- [LinkedIn](#)
- [Instagram](#)
- [YouTube](#)

Join in the conversation and send your own messages via social media using the animations on [this page](#) from our current and previous campaigns (you can right-click on an image with your mouse and save them locally). Consider contributing your own perspective and thoughts to the discussion using the following hashtags: #medsafetyweek #everyreportcounts #patientsafety and #MHRAYellowCard.

Tell your colleagues and stakeholders about the campaign. Ask them to also support it by sharing/retweeting the links to the animations and infographics. They can also be used on organisational intranet pages so do get in touch for help on this. Please also share the materials on your personal Twitter, Facebook and LinkedIn accounts, as well as via professional networks or patient organisations.

### Covid-19 campaign

The MHRA launched its public health campaign to inform those receiving Covid-19 vaccines about how to report a suspected side effect to the MHRA's Yellow Card scheme on this [Coronavirus Yellow Card reporting website](#). The campaign aims to ensure those looking to report a Covid-19 vaccine side effect know where to go and what to do. Anyone can report to the Yellow Card scheme, whether for themselves or on someone else's behalf. By reporting suspected side effects, we can help make vaccines better for everyone.

If you, or a partner organisation you know, can support the campaign to help make people aware of the Coronavirus Yellow Card reporting site, we have prepared a toolkit of free resources for you to use and share which are available [here](#). The campaign message is straight forward: Report suspected side effects of Covid-19 vaccine to the MHRA Yellow Card scheme.

Click [here](#) for the source link



**Report suspected side effects  
of vaccines and medicines  
to the MHRA Yellow Card scheme**



# Members Save



**£25 per month**

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**£15**

on every delegate place  
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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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PLUS members have access to all the existing services such as the monthly Gazette, news bulletins, helplines and commercial offers.

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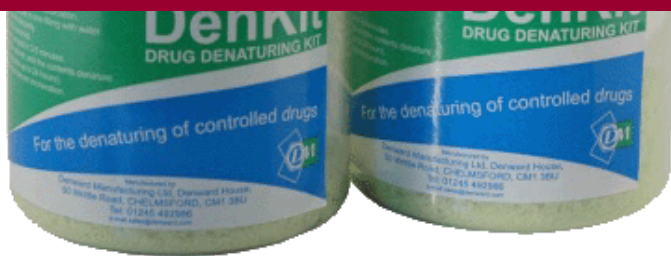
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Schedule 2 Controlled Drugs

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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**

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**People working in your GP Practice need support with their mental health too, so they can provide the best care for you.**

Source: Mind

We all need to look after our mental health, especially when pressure at work can make it worse.

The people we often turn to for help are no different. We know that 90% of primary care staff experience workplace stress and 40% of the GPs we recently surveyed said they were experiencing a mental health problem.

When primary care staff feel well and supported, they can provide the best possible care for their patients.

Working in healthcare doesn't make it any easier to find the words to talk about your mental health at work. In fact, it can make it harder. It needs to be ok for health care staff to talk about their mental health. Like anyone else, they need and deserve support.

**Looking after your mental health at work**

Taking steps to look after your wellbeing can help you deal with pressure, and reduce the impact that stress has on your life.

Even though there are likely to be things happening at work or in your life that you can't control, we have some suggestions for practical steps you can take that might help.

**Join our campaign**

We want everyone with a mental health problem who visits their GP practice to get the support that best suits their needs. We also want the people working in GP practices to feel well and supported.

We're campaigning to make sure that the mental health of both patients and staff are better supported. If you work in a primary care service and you'd like to find out how you can get involved in our campaign, email the team: [primarycare@mind.org.uk](mailto:primarycare@mind.org.uk)

**Other sources of support**

There are a number of resources that GPs, nurses and other healthcare professionals can access for their mental health and wellbeing.

[The NHS GP Health Service](#) can provide counselling, CBT and over therapies to GPs and GP trainees in [England and the Health for Health Professionals Wales](#) provides face-to-face counselling for all doctors in Wales. The [British Medical Association](#) also provides a counselling and confidential peer support for all members.

**E-cigarettes could be prescribed on the NHS in world first.** Source DHSC & OHID 29.10.21

England could be the first country in the world to prescribe medicinally licensed e-cigarettes to help reduce smoking rates.

- Medical regulator to work with manufacturers to assess safety and effectiveness of products
- Move supports government ambition for England to be smoke-free by 2030 and to reduce stark health disparities in smoking rates

E-cigarettes could be prescribed on the NHS in England to help people stop smoking tobacco products, as Health and Social Care Secretary Sajid Javid welcomed the latest step forward in the licensing process for manufacturers.

The Medicines and Healthcare products Regulatory Agency (MHRA) is publishing updated guidance that paves the way for medicinally licensed e-cigarette products to be prescribed for tobacco smokers who wish to quit smoking. Manufacturers can approach the MHRA to submit their products to go through the same regulatory approvals process as other medicines available on the health service. This could mean England becomes the first country in the world to prescribe e-cigarettes licensed as a medical product.

If a product receives MHRA approval, clinicians could then decide on a case-by-case basis whether it would be appropriate to prescribe an e-cigarette to NHS patients to help them quit smoking. It remains the case that non-smokers and children are strongly advised against using e-cigarettes.

E-cigarettes contain nicotine and are not risk free, but expert reviews from the UK and US have been clear that the regulated e-cigarettes are less harmful than smoking. A medicinally licensed e-cigarette would have to pass even more rigorous safety checks.

Smoking remains the leading preventable cause of premature death and while rates are at record low levels in the UK, there are still around 6.1 million smokers in England. There are also stark differences in rates across the country, with smoking rates in Blackpool (23.4%) and Kingston upon Hull (22.2%) poles apart from rates in wealthier areas such as Richmond upon Thames (8%). E-cigarettes were the most popular aid used by smokers trying to quit in England in 2020. E-cigarettes have been shown to be highly effective in supporting those trying to quit, with 27.2% of smokers using them compared with 18.2% using nicotine replacement therapy products such as patches and gum. Click [here](#) to read in full.

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# Dosette Boxes

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# MEMBER FEEDBACK

*The New DISPEX 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*

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

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*

**[CLICK HERE FOR A MEMBERS GUIDE](#)**

# 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

**10% Dispex Member Discount**

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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.

# WE'RE HERE TO HELP



## NEW BANK DETAILS

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10am-3pm



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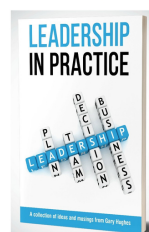
At Leadership in Practice Gary and Chris share a passion for simplicity and excellence in leadership and management and helping others reach their potential.



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# 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](#)!

# NEW DISPENSING FEE SCALE

## October 2021

Total prescriptions calculated separately for each individual dispensing practitioner, in bands	Prices per prescription in pence April -21	Prices per prescription in pence Oct -21	Difference in pence
Up to 457	230.70	194.80	-35.9
457- 573	227.40	192.0	-35.4
574 - 689	224.40	189.5	-34.9
690 - 802	221.50	187.1	-34.4
803 - 918	218.90	184.8	-34.1
919 - 1031	216.60	182.9	-33.7
1032-1433	214.30	180.9	-33.4
1434 - 2006	212.30	179.3	-33.0
2007 - 2292	210.40	177.7	-32.7
2293 - 2866	208.80	176.3	-32.5
2867 - 3438	207.40	175.1	-32.3
3439 - 4012	206.10	174.1	-32.0
4013 - 4583	205.00	173.1	-31.9
4583 and over	204.30	172.5	-31.8

The new Dispensing Fee Scale from 1 October 2021 has an average 15% reduction in dispensing fees per item. This equates to about a 33 pence reduction per item compared to April 21 – September 21.

Dispex members can login to our [website](#) to see the April 2022 prices!

# Dispex Membership

Training. Education. Advice.  
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**DISPEX**  
MEMBERSHIP

The Gazette is available to non-members, however, to ensure you can access the full online articles please check your membership status! Please send your surgery address to [enquiries@dispex.net](mailto:enquiries@dispex.net)