

Gazette

YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues



**DSQS DEADLINE
ARE YOU READY?**

60+ HOURS OF PROFESSIONAL TRAINING
available from Dispex

With the Dispensary Services Quality Scheme (DSQS) deadline looming, we highly recommend you check your current appraisals and training plans, to ensure your whole dispensary team has taken part in their required professional training. Following another challenging year with mass staff shortages, there's a good chance you will find gaps in your records! If you do find a shortfall there's no need to panic, as Dispex has numerous applicable "bitesize" [tutorials](#) available, between now and the end of March. We have a wide range of subjects on offer and all are conveniently hosted over the lunchtime period! Please see page 3-4 for our January -March schedule.

If you are all up-to-date, **congratulations**, but while you're on target why not stay ahead of the game and schedule your CPD objectives for 2022/23? With over 60 hours' worth of professional training available, Dispex can help you and your team achieve your training targets, with our one-stop-shop. We offer training opportunities for Apprentices, New Dispensers, Senior Dispensers, Dispensary Managers, Practice Managers, Finance Managers and GPs via our tutorials and online interactive courses. When you consider the apprenticeship training via Paragon Skills, the available CPD hours jump into the hundreds!

The Dispensary Gazette

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New to the DSQS scheme? Then please see pages 1-2 for our brief overview. For a more in-depth introduction it would be worth considering booking onto our next DSQS Guidance tutorial, which is taking place on the 23rd March, 1-2pm!

Even though DSQS relates to the competency and CPD for those working within the dispensary, there's no reason why you can't extend CPD training to staff outside the dispensary also! Utilise their non-dispensing capabilities and inspire them to develop and up-skill. Investing in the whole practice will help ensure an overall high competency standard and improved patient experience.

On a profitability note, there has been some movement in the steroid nasal spray market, please see page 5 and Dispex members can login for full details.

Best Wishes,

Claudy Rodhouse

Dispex Design and Editorial Contributor

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DSQS what is it, and what does it stand for?

Introduction

Dispensary Services Quality Scheme ('the Scheme') came into effect in September 2006, and is part of the General Medical Services (GMS) change. The annual Scheme rewards Practices for providing high quality services to their dispensing patients. Practices which sign up to the Scheme and achieve all the standards, will receive a payment for each dispensing patient.

The scheme is voluntary and rewards organisations for providing high-quality services to dispensing patients. Practices have to sign up annually, by 30th June, via the CCG and provide the name of the GP in the practice who is accountable for the quality of dispensing services. Payment is based on the number of dispensing patients on your organisation's list on 1st January in the financial year to which the payment relates, your CCG can help you retrieve this accurate information from NHS England (where relevant). Dispensing patients are the patients for whom the organisation, or any practitioners working for them, have consent to dispense under the NHS (Pharmaceutical Services) Regulations 2005, or relevant sections of the GMS and PMS regulations. The payment is still £2.58 per dispensing patient per financial year, and that hasn't changed since its inception. So, depending on your list size, is potentially a valuable source of income and often supports other services within the practice.

It is wise to allow protected time to plan for your audit and audit outcomes to ensure these are submitted by the deadline which is currently March 31st 2022. The complete self-assessment form should also be submitted by this date to ensure full payment.

The specification of requirements for receiving dispensary services quality payments are set out in the DSQS guidance, and includes the following information.....

Overview of quality requirements

The key quality requirements of the Scheme are:

- Duty of confidentiality-Is there evidence of staff training? There must be clear practice policies including procedures on collection of medicines by a patient's friend or family for example.
- Dispensing staff must be appropriately trained and undertake continued training with annual appraisals. Competency assessments must also be undertaken. Proof of training and relevant professional certificates must be available for every member of your team. Ensure you have scheduled appraisals to allow time before the deadline. For registered technicians evidence of CPD and relevant registration must be available.
- Dispensers who work unsupervised must have at least 1,000 dispensing hours work experience over the previous five years in a GP dispensary or community pharmacy, and must be trained to a minimum level of Pharmacy Services NVQ level 2.
- Minimum levels of staff hours dedicated to dispensary services (minimum hours are laid out in the front of the Drug tariff).
- Staff with a limited dispensing role must be given relevant training and a competency assessment. Dispex have an online training course accredited by CPD for Prescription Clerks. This course is also suitable for any member of staff that handles prescriptions or prescription requests. Other suitable training for those new to dispensary or with a limited dispensing role would benefit from our online Introduction to Dispensing course.

continues on the next page.....

**60+ HOURS OF
PROFESSIONAL TRAINING**
available from Dispex



DISPENSERS/MANAGERS

- Standard Operating Procedures ('SOPs') which reflect good professional practice and all dispensary procedures. SOPs must be reviewed and updated at least once every 12 months and whenever dispensing procedures are amended.
- An audit must be undertaken on a particular subject and re audited to show outcomes. Topics will be suggested in the DSQS guidance but choose a topic most worthwhile for your practice. Refer to the DSQS audit guidance for how to successfully undertake a DSQS audit.
- Risk assessment.
- A Significant Event Monitoring Procedure must be in place.
- An annual review (DRUM) must take place of the medicines use for 7.5% of the dispensing list on January 1st 2022 .This has been reduced from the usual 10% for the second year running. Prioritise DRUMs for high risk patients or those that would most benefit from a review.
- Assessment of performance against the criteria for payment.

Dispex understands the importance of your time and income, particularly at the busiest time of the General Practice year end. Therefore, we have a training tutorial covering all aspects of the DSQS and DRUMS. This will ensure you have clear guidance and support, and enable you to achieve the full payment, which is invaluable to your practice.

Please see our tutorial schedule on the next page or visit our website for details of all of our training courses, including all of our new CPD accredited online training courses. With over 60+ hours of training we have you covered!

DRUMS

This 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.

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.



We have put together a list of useful quick links, which include such sites as

- Electronic Drug Tariff
- NHSBSA DM+D Beta
- Openprescribing DM+D
- Drug Tariff Updates – Concession Prices
- Specialist Pharmacy Service (SPS)– including Drug shortages (Registration required)
- Misuse of Drugs (Safe Custody) Regulations 1973
- Private Controlled Drugs
- ePACT2, GP Contracts, QoF, DES and PCNs etc and much more!

DISPEX

Members need to login
to access the links

dispex.net/informatics/quick-links-to-useful-information/

2022 ONLINE TUTORIALS

Live dispensary Training with a Dispex tutor



Each session is limited to 12 delegates!

We have recently reviewed and updated all course materials to ensure we are delivering the most relevant and up-to-date information. Our range of 1- hour "bitesize" tutorials conveniently run over the lunchtime period and 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!

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
23rd Feb- Prescription Clerks Intro (W) 12:00-12:30
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
20th Apr- Prescription Clerks Intro (W) 12:00-12:30
21st Apr- Intro to Practice Finance Part 2
27th Apr- Practical Dispensary Management Part 2
28th Apr- DRUMS

HOW TO BOOK:

Please book online at dispex.net/training

Dispex members price: **£45+vat**

Non- members price: **£60+vat**

(Per delegate-per session/part) W = free webinar

COURSE TIMES ARE 1-2PM



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.

BM- PART 2

This course 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.

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.

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.



STEROID NASAL SPRAYS

Market Movement

There has been some movement in the steroid nasal spray market with discounts disappearing and some generics prices increasing as well as the introduction of new combinations. With the Hayfever season fast approaching, now is the time to review your Nasal spray formulary.

GSK has withdrawn all discounts on Flixonase and Beconase, but still offer a basic discount on Avamys. Ryaltris from Glenmark has been introduced with a generous discount.

For some products it is best to prescribe generically and for others it may be best to look for Parallel Imports to offset any losses.

The list below gives an overview of prices. Members can check the impact of the discounts on the Brand Comparisons page on the [Dispex website](http://www.dispex.net).

Prescribe	Drug Co	Doses	Basic Price
Steroid nasal sprays			
Beclometasone			
Beclometasone generic		200	£2.65
Beconase	GSK	200	£2.63
Nasobec	TEVA	200	£1.99
Fluticasone			
Fluticasone generic		150	£14.18
Flixonase	GSK	150	£11.01
Nasofan	TEVA	150	£8.04
Avamys	GSK	120	£6.44
Mometasone			
Mometasone generic		140	£4.59
Nasonex	MSD	140	£7.68
Triamcinolone			
Nasacort	Sanofi	120	£7.39
Combinations			
Fluticasone + Azelastine			
Dymista	Viatrix/Mylan	120	£14.80
Mometasone + Olopatadine			
Ryaltris	Glenmark	240	£13.32

Information supplied by Hexagon6 Ltd

NEW for 2022

A Comprehensive Guide to Controlled Drugs

This auto-marked programme will give you the knowledge you need to understand Dispensing Controlled Drugs in a Dispensing Doctor setting. Perfect for an introduction to Controlled Drugs or as a refresher.

Dispex Members: AVAILABLE FOR JUST £60 inc vat pp

- ✓ Six hours of educational content
- ✓ CERTIFIED by The CPD Certification Service

The sections below cover all the relevant knowledge and skills needed to deal with Controlled Drugs in a Dispensing Doctor setting

1. Controlled Drugs Regulations
2. Controlled Drugs Schedules
3. Controlled Drugs Prescriptions
4. Controlled Drugs Dispensing and Labelling
5. Controlled Drugs Standard Operating Procedures
6. Controlled Drugs Registers
7. Destruction of Controlled Drugs

£60 inc VAT - Per Dispex member
£120 inc VAT - Per Non-member

Register your interest at training@dispex.net

Training for Prescription Clerks in Primary Care

This CPD Certified course is aimed at both new and experienced Prescription Clerks as well as Receptionists who occasionally process repeat prescription requests. This auto-marked programme will give you the information and understanding needed to be an integral part of the primary care team and will allow you to become more confident in your job.

Dispex Members: AVAILABLE FOR JUST £60pp

- ✓ CERTIFIED by The CPD Certification Service
- ✓ Six hours of educational content

FREE intro Webinar
see page 9

Course Objectives

1. To understand confidentiality, Information Governance and GDPR Regulations
2. To learn about the roles and responsibilities of staff handling prescription requests
3. To learn about the different types of prescriptions and their regulations
4. To understand the ways of requesting repeat prescriptions
5. To look at the journey of a prescription from request to completion
6. To ensure accurate communication with all involved in the prescription process
7. To be able to deal with significant events and near misses

£60 inc VAT - Per Dispex member
£120 inc VAT - Per Non-member

Click [here](#) to book

Dispex members are entitled to a **50% discount** on all bespoke courses, please email training@dispex.net for further details and your discount code!

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

- ✓ CERTIFIED by The CPD Certification Service
- ✓ 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 inc VAT - Per Non-member

[CLICK HERE TO BOOK](#)



This course is accredited by the Dispensing Doctors Association

Training for New Dispensers and Apprentices

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*

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

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

[CLICK HERE TO BOOK](#)



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@pagon.co.uk www.paragonskills.co.uk



FREE Intro Session!

Training for Prescription Clerks in Primary Care

We are offering all Prescription Clerks, Receptionists & Practice Managers the opportunity to attend our free **30 minute** introduction webinar! This session will summarise the objectives of our new Prescription Clerks course and explain why it's beneficial for the individual and the whole team!

Wednesday, 23rd Feb 12.00-12.30pm

Wednesday, 20th April 12.00-12.30pm

(Register and pay for the online course before or after the free webinar)

The online course and intro sessions are suitable for
Prescription Clerks & Receptionists based in both dispensing
AND prescribing branches!

Webinar book here - 23.2.22 20.4.22



BUSINESS COURSES

The Dispex Education platform also offers business related courses for only **£36** inc vat per person!

Leading and Motivating a Team
Planning and Allocating Work
Stress Management
Performance Management
Fire Safety Principles

Conflict Management
Discipline in the Workplace
COSHH Risk Assessment
Organising and Delegating
DSE Risk Assessment

[CLICK HERE](#)

COVID-19: Mandatory Vaccine FAQs

Source: BMA 20/1/22

Our view on mandatory vaccination

The BMA is strongly in favour of vaccination and encourages all of our members to get vaccinated against COVID-19 – and we know from our own surveys that most doctors are.

The General Medical Council also advise that doctors should be immunised against common, serious communicable diseases, and that for coronavirus the potential risk of inadvertently spreading the virus to vulnerable patients weighs in favour of doctors being vaccinated, unless contraindicated.

However, we believe mandating COVID-19 vaccination raises a number of complicated ethical and practical issues, which we highlighted in our response to the Government's consultation on making the COVID vaccine a condition of deployment in both its consultation on health and social care settings. Voluntary approaches have been both successful and respectful of individual rights and liberties – the current COVID-19 vaccination programme for staff has been incredibly effective with over 90% coverage of healthcare staff. A move away from this model therefore needs to be properly justified and proportionate. Targeting areas with low take-up, engaging further with concerned healthcare workers and providing information and reassurance would have been more effective and less disruptive, and ethically preferable.

In our response to the consultation on making the COVID vaccine a condition of deployment, we argued strongly that the NHS must not lose any staff if these changes were to be brought in – with redeployment being considered, as well as other ameliorating actions, such as additional PPE being worn or more regular testing. We also called for a thorough impact assessment and equality impact assessment of the policy.

The BMA has always been concerned about the potential impact of the policy on NHS staffing levels, and with Omicron having led to significant staff absences in the NHS, we have recently called on the Government to update its risk assessment and, if necessary, not rule out a delay to the policy coming in.



For answers to the following questions and more visit the BMA's website, <https://www.bma.org.uk/advice-and-support/covid-19/vaccines/covid-19-mandatory-vaccine-faqs>

Who will be affected by mandatory vaccination?

I am a GP employer and several of my staff are vaccine hesitant. What should I do?

Do I need a booster jab too?

What happens if I cannot make the deadline because I caught COVID?

I have already had COVID. Do I really need to get the jab?

I have long-COVID – should I get the jab?

My religion is against vaccination, will I lose my job?

How do I need to evidence vaccination status?

Are there any exemptions?

I am pregnant or planning a pregnancy. Should I have the jab?

What if I don't want to have the vaccine?

Click [here](#) to read more.

24.2.22

FREE DispexCD WEBINAR

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

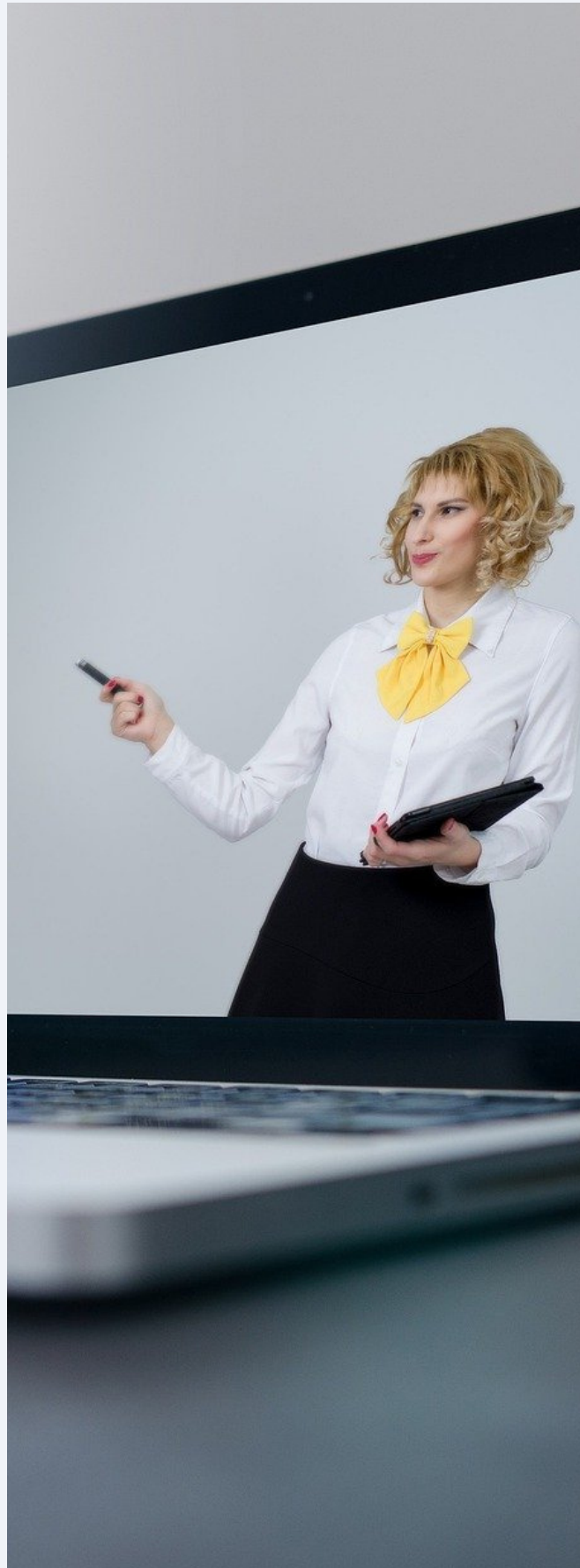
- DispexCD is fully legally compliant and supports NICE best practice
- Multiple layers of security & encryption
- Daily backups to protect your patient data
- Reduces errors
- Saves time & money
- User-friendly
- One free account per member (offer commencing Oct 2021 & only from your renewal date thereafter)

FREE to attend
Thursday, 24.2.22
11:30 am – 12:30 PM

Click HERE to Register
24th Feb

100 places available

 **DISPEXCD**



DispexCD

The online CD register

**ONE FREE ACCOUNT
ON RENEWAL***

Saving £18+vat per month



FREE FOR

DISPEX MEMBERS

- One free account per member, following your 2022 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 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!!

IMPORTANT DEADLINES FOR GPS FINANCES IN 2022

The new calendar year may have started but there are still a number of important deadlines coming up for GPs to deal with to keep their taxes and finances up to date.

31 JANUARY TAX RETURN FILING DEADLINE EXTENDED

If you haven't filed your tax return for 2020/2021 already, the good news is that HMRC announced on 6 January 2021 that they would allow taxpayers more time to file due to COVID-19 pressures. The announcement means that HMRC will waive the £100 late filing penalty allowing taxpayers one extra month to file their tax return. This means that tax returns filed by 28 February 2022 will not incur a late filing penalty. In addition, if a taxpayer cannot pay the tax due by 31 January 2022 a late payment penalty (5% surcharge on the balancing payment) will not apply if they pay their tax in full or set up a Time to Pay arrangement by 1 April 2022. However, interest will be payable on unpaid tax from 1 February as usual.

PENSION ISSUES

If a Scheme Pays Election has already been made for 2019/20, a member will be able to have any annual allowance tax charge, arising in respect of their NHS work, paid by the NHS Pension Scheme. For 2019/20, the Annual Allowance Compensation scheme is also available and to apply for this, the member must complete and submit an additional form - the "Annual allowance Charge Compensation Policy" form. This must be submitted to Primary Care Support England by 11 February 2022. This is the final opportunity for the form to be submitted to PCSE following earlier submission windows in 2021.

If a member has not already elected to use the Scheme Pays Facility for an annual allowance tax charge arising for the 2019/20 tax year, the deadline for making an election has been extended to 31 March 2022. This form is to be submitted to NHS Pensions (details of how to submit the form are on the election).

Annual Certificates of Pensionable Profits for Type 1, Type 2 and Limited Company Annual Certificates of Pensionable Profits must be submitted by 28 February 2022. The 2022/23 'Estimate of GP and non-GP Provider NHS Pensionable Profits/Pay' form must be submitted by 1 March 2022.

24-HOUR RETIREMENT

The Government temporarily relaxed the restriction in place whereby a member takes 24-hour retirement and returns to work. Ordinarily, 24-hour retirement requires pension scheme members to return to work for no more than 16 hours per week in the first calendar month following 24-hour retirement. The temporary measure removed this restriction and members could return to work full time. The measure ends on 24 March 2022, therefore, 24-hour retirements taken on or after 25 March will require pension scheme members to only work up to 16 hours per week in the first calendar month. It is important for members to plan accordingly regarding their retirement.

INVESTMENT TAX RELIEFS

If you want to make use of your investment tax allowances for 2021/22 then you need to act well before the end of the tax year on 5 April. Don't forget that tax breaks like the annual capital gains exemption of £12,300, the ISA allowance of £20,000 and the annual limits for venture capital investment schemes (such as the Venture Capital Trusts, the Enterprise Investment Scheme, and Seed EIS) cannot be carried forward. So get advice from your Independent Financial Adviser on how to use them before you lose them.

For help and advice on these or any other tax issue, please get in touch with our team.



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IDEAS | PEOPLE | TRUST



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www.bdo.co.uk



WHAT IS HAPPENING TO GENERICS PRICES?

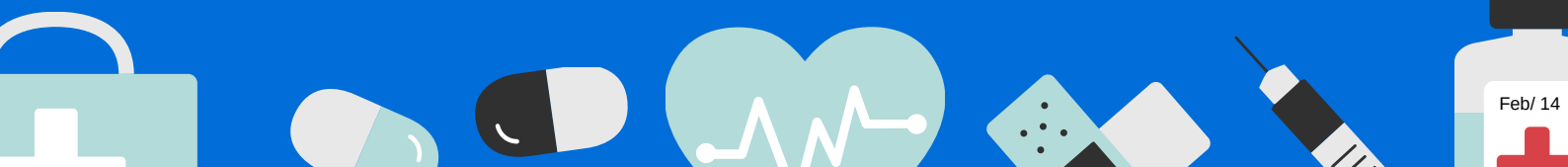
Dispex has identified at least 135 generic products that will make you a loss. This increases to 225 products when you take the Discount Clawback into account. This is almost double the January number. This may be because of increased manufacturing costs and increased energy prices feeding through to wholesaler prices for generics.

Dispex publishes a monthly list of [Generics costing More Than Tariff](#) which is updated as and when Concession prices change.

Product	Size	Tariff	LOSS
Valsartan 160mg Caps	28	£5.25	-£4.00
Nortriptyline 25mg Caps	100	£1.66	-£3.13
<u>Zonisamide</u> 100mg Caps	56	£36.53	-£2.95
Tacrolimus 0.1% Ointment	60g	£30.98	-£2.92
Clomipramine 25mg Caps	28	£2.04	-£2.81
Prasugrel 5mg Tabs	28	£29.74	-£2.81
Ropinirole 0.5mg Tabs	28	£3.61	-£2.79
Losartan 100mg Tabs	28	£1.20	-£2.75

Changing Scripts

To help our members navigate script changes we have created an online guide, including advice on when to change a script and when not to. Members can simply login to the [Informatics page](#) to view.



Ethnic led practices faced “punitive” inspections

Practices led by ethnic minority GPs are not “operating on a level playing field,” inspectors admitted yesterday. The conclusion came after the publication by the Care Quality Commission of an investigation into claims that these practices face unfair discrimination. These practices are most likely to be operating in communities with high levels of deprivation and poor health and also to be led by GPs working alone, the CQC found.

It promised a series of actions to redress the problems, saying that in future its inspectors would try harder to take into account the context in which practices work. It also promised to look at how the wider health service could ensure single-handed practices do not suffer disadvantage. Primary medical services chief inspector Dr Rosie Benney-worth said: “What this report finds is that ethnic minority-led GP practices are often not operating on a level playing field in terms of where they work, and the support available to them. While the system still has work to do around robust, meaningful data collection and ethnicity, we need to respond to what we do know. It is clear from the experience of the GPs who spoke to us that the challenges they face can be magnified by factors which are outside of their control and make it harder to evidence the quality of care that they offer.

Everyone, wherever they are, has the right to safe, high-quality care and GPs should be supported appropriately to achieve this. We need to see a system response that acknowledges and reflects the context in which a practice operates – and is committed to understanding what this might mean for the way commissioners and regulators assess them.”

Dr Farah Jameel, chair of the British Medical Association’s GP committee, said: “What this report has identified is that the current format of inspections does not appropriately take into account or seek to address structural inherent inequalities that policymakers have been responsible for. Worryingly, the report highlights how ethnic minorities were concerned about racial discrimination from regulators, and felt inspections were punitive rather than supportive, with harsh or unfair outcomes. The overriding conclusion is that the unique circumstances that many ethnic minority GPs practise within are not being adequately accounted for during the inspection process.”

She added: “We look forward to working with the CQC to ensure that these commitments are being followed through to support the profession, especially at this most challenging time, and to make regulation fit for purpose.”

Click [here](#) for the source.

Patients find benefits in remote consultations

Many patients have found remote general practice consultations more convenient and easier than face to face meetings, according to a new study.

Some patients have found themselves “empowered” to express themselves more clearly than they would in person, according to a University of Surrey study.

Researchers from the University of Surrey, UK, collated previous findings in 24 published papers, looking at the advantages and issues experienced by patients and physicians using remote consultations in primary care. Their analysis, published in **BJGP Open**, found that remote consultations are seen as more convenient than face-to-face consultations, but “result in the loss of valuable non-verbal communication, and are not accessible to all”.

“Patients and primary care physicians are generally satisfied with remote consultations,” the authors write, “and believe them to be preferable for specific appointments, such as follow-up of a previous face-to-face appointment.” However, they add that there are “situations where remote consultations should not be used, such as where the patient is presenting to the GP for the first time”.

They state: “The results of this study can be used to inform the future delivery of remote consultations in primary care, in a post-COVID-19 world.”

At the peak of the COVID-19 pandemic, around 30% of GP appointments were face-to-face versus 70% remote. Senior author Dr Robert Kerrison said: “The pandemic has shown that ways of receiving care that previously seemed impossible are actually possible, and in some cases, preferable to patients.

“Our research shows that remote consultations have advantages, particularly in terms of access and convenience for the majority of patients. Our research also shows that remote consultations have disadvantages, such as exacerbating clinical decision making for new symptoms/ conditions.

“The pandemic has shown us that high-quality care can be delivered remotely, and many practices now have the appropriate means to do so effectively.”

Click [here](#) for the source.

2022 NHSBSA WEBINARS NEW DATES

8th FEBRUARY -Endorsing including Referred Backs

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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.

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Our partners Paragon Skills are a multi award winning provider of apprenticeship courses with a primary focus on healthcare and education. They deliver thousands of accredited courses every year to junior and senior members of staff across England. It is through this partnership that we can provide a host of financial, learning, recruitment and retention benefits.

As Alistair Ling of Paragon explains, "we have taken the apprenticeship model, expanded it and then tailored it to the medical practice sector.

From a financial perspective, apprenticeships are an obvious choice. The training is first rate, the courses are free or require a tiny contribution and the government will pay the employer thousands of pounds for each person they enrol.

When you add the Dispex Dispensing Course and a free recruitment service, it becomes too compelling to ignore. And not surprisingly it's hugely popular. I developed this scheme about 18 months ago for another part of the pharmacy sector and hundreds of people have benefited since."

A key component here is of course the government incentives. Currently these apply to newer members of staff who joined the practice after the 1st October 2021. These people will need to be enrolled on their course by March 2022 to qualify, but the remainder of the benefits will be enduring and new learners under 19 years of age will still earn their employer £1000 per enrolment.

"From an apprenticeship providers perspective we see the impact of our courses in a slightly different light. Apprenticeships are now mainstream and the antiquated image of a school leaver looking for a trade has long since passed. Not only have apprenticeships become a viable alternative to going to university but a much more attractive and affordable way of getting a degree -and age is no barrier"

"There is also a wealth of evidence to support the fact that apprentices are far less likely to leave their role in the first 2 years and I know from first hand experience that those organisations offering a recognised qualification to their new recruits make the job of securing good talent a great deal easier.

If you would like to understand more about this programme drop Alistair a line at alistair.ling@pagon.co.uk or give him a call on 07805 669243. If you want a call back don't forget to leave a direct number.

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CALENDAR OF NATIONAL CAMPAIGNS

Handy links for upcoming national campaigns and awareness days to help you plan activities.



February

1st Feb- Happy Chinese New Year

LGBT History Month

To promote equality and diversity for the benefit of the public.

LGBT History- click [here](#)

NHS England- click [here](#)

Eating Disorder Awareness Week

6-12 February 2022

An international awareness event, fighting the myths and misunderstandings that surround eating disorders.

Beat Eating Disorders -click [here](#)

National Apprenticeship Week

7-13 February 2022

Annual week-long celebration of apprenticeships to shine a light on the amazing work being done by employers and apprentices across the country- click [here](#)

Paragon Skills Apprenticeships & Dispex- click [here](#)



March

Ovarian Cancer Awareness Month

Ovarian.org.uk- click [here](#)

NHS Employers- click [here](#)

International Women's Day

8 March 2022

A global holiday celebrated annually to commemorate the cultural, political, and socioeconomic achievements of women.

International Women's Day-click [here](#)

No Smoking Day

9 March 2022

Help encourage as many smokers as possible to quit on No Smoking Day by organising your own event. BHF- click [here](#)

event. BHF- click [here](#)

World Kidney Day

10 March 2022

NHS Employers-click [here](#)

World Kidney Day-click [here](#)

Nutrition and Hydration Week

14-20 March 2022

Nutrition and Hydration Week-click [here](#)

World Sleep Day

19 March 2022

A celebration of sleep and a call to action on important issues related to sleep, including medicine, education, social aspects and driving.

World Sleep Day- click [here](#)

Shift work in healthcare infographic-click [here](#)

Supporting the wellbeing of shiftworkers-[here](#)

Update to CQC's regulatory approach: changes from 1 February

Source: CQC 27.1.22

From 1 February we will now also inspect where there is evidence that people are at risk of harm. While our priority always remains to keep people safe we are also focused on ensuring that our approach remains appropriate and proportionate.

Click [here](#) for the source

Medicine Supply Notification MSN/2022/002 Bambuterol (Bambec®) 10mg Tablets Tier 2 – medium impact 19.1.22

Source: MHRA

Click [here](#) to read more

Class 2 Medicines Recall: SANTEN Oy (trading as Santen UK Limited) IKERVIS 1 mg/mL eye drops, emulsion , EL (22)A/01- 19.1.2022

Source: MHRA

Click [here](#) to read more

PCNs need more support to recruit and integrate additional roles staff

Source: GPOnline

General practice and PCNs need more support to integrate additional roles staff into multidisciplinary teams, a health policy expert has warned - and the roles may need to change to boost recruitment. Click [here](#) to login

Healthcare Regulation - deciding when statutory regulation is appropriate

Source: DHSC

The DHSC has launched a consultation on regulation of health and care workers.

The purpose of the regulation of health and social care professions is to protect the public from the risk of harm from the provision of health and social care services. At the heart of any decision to regulate a profession is ensuring that statutory regulation provides the most effective and proportionate means of delivering this public protection function.

This consultation seeks views on:

- the criteria used to assess whether a profession requires statutory regulation
- whether there are existing regulated professions that no longer need to be regulated
- whether there are unregulated professions that require statutory regulation

Click [here](#) to read more and take part, the consultation deadline is the 31 March 2022.

Self-harm is everyone's business, NICE says in new draft guideline

Source: NICE 18.1.22

All professionals working across the health and social care system have a role to play in supporting people who self-harm and the issue should not just be seen as the responsibility of those with mental health expertise, NICE has said in a new draft guideline.

In the first new guideline for 11 years looking at self-harm, the independent NICE committee has drawn up new recommendations for people working in settings from primary care to psychiatry.

The assessment, management and preventing recurrence of self-harm guideline provides information, for the first time, for people working in education and criminal justice settings.

The new guideline sets out the responsibilities of non-mental health specialists when caring for people who self-harm. This includes health and social care professionals working in primary care, non-mental health emergency department professionals, those working in general hospital settings and in social care. There are also recommendations for ambulance staff and paramedics.

The guideline calls for non-specialists who have provided initial care to organise a comprehensive psychosocial assessment, at the earliest opportunity after an episode of self-harm, and that this should be carried out by a specialist mental health professional.

The aim of the comprehensive psychosocial assessment is to:

- develop a relationship with the person
- begin to understand why the person has self-harmed
- ensure that the person receives the care they need
- gives the person and their family members or carers information about their condition and diagnosis.

Self-harm is defined as intentional self-poisoning or injury irrespective of the apparent purpose of the act.

Only a minority of people who have self-harmed present to hospital services, but it remains one of the commonest reasons for hospital attendance. Some estimates suggest upwards of 200,000 presentations in England every year, the majority for self-poisoning.

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

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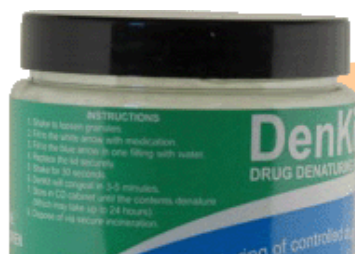
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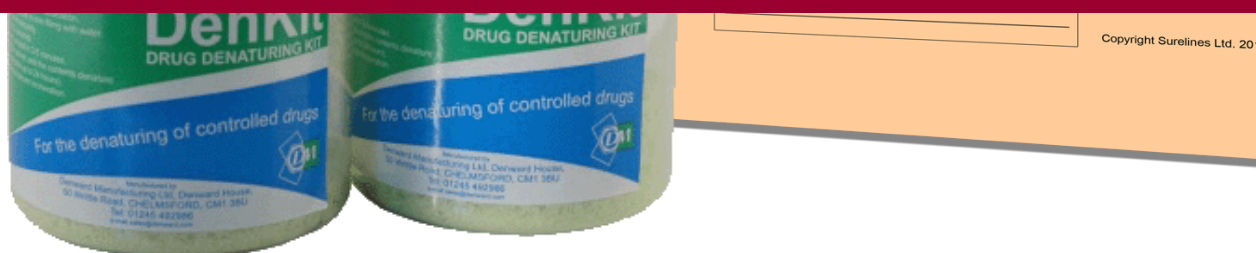
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The easiest way to use the information is to search for your drug by pressing Ctrl + F on your keyboard

Last updated 3 December 21

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*Contact enquiries@spotdispensing.com to sign up to use the SPOT Order Pad – no sign up fee

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