

# DD Gazette

YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues

## DISPEX

## At The DDA Conference



**27-28TH**  
**SEPTEMBER**

Burlington Hotel Events  
Centre, Birmingham

We hope to see many of our readers at this month's DDA Conference. The comprehensive two day event is set to offer a wealth of medico-political insights, alongside tips on how to enhance all aspects of dispensing.

The Dispex Team is eagerly anticipating the opportunity to demonstrate our suite of profitability tools and benchmarking resource. Additionally, we are providing a first-hand experience of our cutting-edge digital Controlled Drug platform, **DispexCD**. Join us to also view our range of dispensary supplies on display and make the most of our giveaways- including our bespoke **Owing Books**.

BACK TO SCHOOL

As students return to the classroom, it's an ideal time to focus on your own professional growth and continued competencies. We are pleased to announce that we are continuing with our highly sought after 1 hour tutorials, which remain popular, especially among those with time constraints or those seeking a quick recap.

However, if you're looking for a more in-depth exploration of a subject that can be spread out over weeks or even months, you might discover that one of our **learner-led** modular educational courses is better suited to your needs. Our online training programmes are designed with genuine flexibility in mind, catering to the busy schedules of Dispensers and Managers. Plus, we offer several packages tailored for both members and non-members alike. Please see page 4 for details.

Last but not least, be sure to explore our latest feature, **Dispex showcases**-our September **Showcase** can be found over pages 1-3.

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

The Dispensary Gazette

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What's inside	Page
Dispex September Showcase	1-3
Going Greener	5-6
Influenza Vaccinations - Minimize Losses	8-9
Leadership and Management Funding	10
Monitored Dosage Systems (MDS) Guidance	11-12
DispexCD Webinars	17
Controlled Drug Update	19
Dispex Tutorials	20
Controlled Drugs Management	21
Members' Benefit - Dispensary SOPs	22



# Dapagliflozin Patient Identification Resource.

WATCH OUR VIDEO

Most of our readers would be familiar with Dapagliflozin, and how it is effectively used to treat Type 2 diabetes. NICE have advised that it can now be used to treat patients who may have chronic kidney disease (CKD) or symptomatic chronic heart failure.

On average, 15 in every 1,000 patients on a dispensing practice list were found to be appropriate for a dapagliflozin initiation\*<sup>2</sup>. So, a typical dispensing surgery with a list size of 6000 patients may identify around 90 patients that may benefit from the drug.

This month Dispex has showcased the dapagliflozin patient identification resource tool which allows you to use your clinical system (EMIS, SystmOne or Vision) to identify patients who may be eligible for the medication based on their clinical diagnosis and the license indications of the drug. This is a step-by-step instruction guide that anyone in your team can use. We have included some tips on how to then break this list down within your practice to then review these patients effectively.

We estimate that it takes less than ten minutes to use the tool to identify eligible patients who may benefit from dapagliflozin. With the help of your wider practice team (Pharmacists, Pharmacy techs, nursing teams) this can then be reviewed and implemented as clinically indicated.

If you want to see how to use the tool please head over to our [website](#) where we showcase how to run the tool effectively. It also has resources with links to more information for your teams including initiation guides and patient resources.

## Here are Dr Koopowitz's thoughts on Dapagliflozin and it's profitability:

*“From an NHS perspective, the established SGLT2i's are all priced the same per tablet but may vary in pack size. Dapagliflozin is a once daily tablet and comes as a 28 day dose per pack.*

*The dispensing doctor schemes and accompanying discounts differ between the SGLT2is”.*

Dispex members can see the price and discount details by clicking **HERE**

\* (across a sample of 5 dispensing practices, an average of 198 patients out of 13,619 [average list size] were identified by the dapagliflozin patient identification resource to be eligible for an initiation)

## Dapagliflozin Patient Identification Resource.





**Abbreviations:** CKD, chronic kidney disease; HF, heart failure; NICE, National Institute for Health and Care Excellence; SGLT2i, sodium-glucose cotransporter-2 inhibitor; T2D, type 2 diabetes.

**Reference:** 1. NICE guideline NG28: Type 2 diabetes in adults: management. Publication date 15th February 2022. Available from: <https://www.nice.org.uk/guidance/ng28>. Accessed August 2023. All rights reserved. Subject to Notice of rights. NICE guidance is prepared for the National Health Service in England. All NICE guidance is subject to regular review and may be updated or withdrawn. NICE accepts no responsibility for the use of its content in this material. 2. AstraZeneca, Data on file, REF-197868

**PRESCRIBING INFORMATION**

**FORXIGA® (dapagliflozin) 5MG & 10MG FILM-COATED TABLETS.**

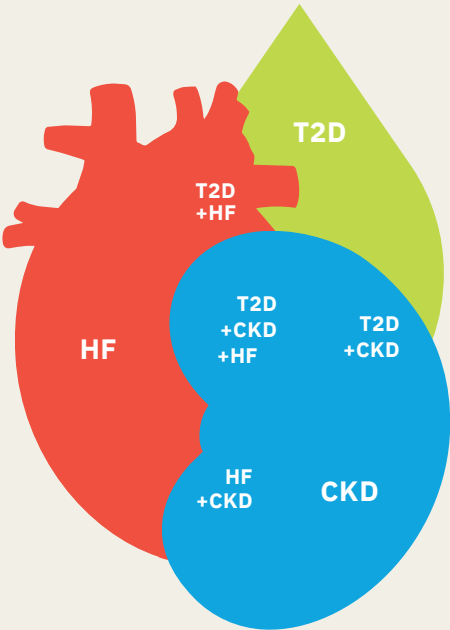
**Consult Summary of Product Characteristics (SmPC) before prescribing.**

**Indications:** **Adults: Type 2 Diabetes Mellitus:** For the treatment of insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise, as monotherapy when metformin is considered inappropriate due to intolerance, or in addition to other medicinal products for the treatment of type 2 diabetes. **Heart Failure:** For the treatment of symptomatic chronic heart failure. **Chronic Kidney Disease:** For the treatment of chronic kidney disease. **Children aged 10 years and above: Type 2 Diabetes Mellitus:** For the treatment of insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise, as monotherapy when metformin is considered inappropriate due to intolerance, or in addition to other medicinal products for the treatment of type 2 diabetes. **Presentation:** Film-coated tablets, 5mg or 10mg of dapagliflozin (as propanediol monohydrate). Each 5mg tablet contains 25mg of lactose. Each 10mg tablet contains 50mg of lactose. **Dosage and Administration:** Forxiga can be taken at any time of day with or without food. Tablets should be swallowed whole. **Adults: Type II Diabetes Mellitus:** The recommended dose is 10mg once daily. Consider a lower dose of insulin or insulin secretagogue such as a sulphonylurea when used in combination with dapagliflozin to reduce the risk of hypoglycaemia. **Heart Failure:** The recommended dose is 10mg once daily. **Chronic kidney disease:** The recommended dose is 10mg dapagliflozin once daily. **Renal impairment:** No dose adjustment is required. **Mild or moderate hepatic impairment:** No dose adjustment is required. **Severe hepatic impairment:** Starting dose of 5mg is recommended, if well tolerated, dose may be increased to 10mg. **Elderly: ≥65 years:** No dose adjustment is required. **Children and adolescents: Type II Diabetes Mellitus ≥10 years:** No dose adjustment required. The recommended dose is 10mg once daily. Consider a lower dose of insulin or insulin secretagogue such as a sulphonylurea when used in combination with dapagliflozin to reduce the risk of hypoglycaemia. **Children <10 years:** Safety and efficacy not yet established. **Heart Failure / Chronic kidney disease: Children <18 years:** Safety and efficacy not yet established. **Contraindications:** Hypersensitivity to dapagliflozin, or excipients. **Warnings and Precautions: Renal impairment:** There is limited experience with initiating treatment with dapagliflozin in patients with eGFR < 25 mL/min/1.73m2, and no experience with initiating treatment in patients with eGFR < 15 mL/min/1.73m2. Therefore, it is not recommended to initiate treatment with dapagliflozin in patients with eGFR < 15 mL/min/1.73m2. The glucose lowering efficacy of dapagliflozin is dependent on renal function and is reduced in patients with eGFR < 45 mL/min/1.73m2 and is likely absent in patients with severe renal impairment. In patients with moderate renal impairment (eGFR < 60 mL/min/1.73m2), a higher proportion of patients treated with dapagliflozin had adverse reactions of increase in parathyroid hormone (PTH) and hypotension, compared with placebo. **Hepatic impairment:** Exposure is increased in patients with severe hepatic impairment. **Use in patients at risk of volume depletion and/or hypotension:** Dapagliflozin increases diuresis which may lead to a modest decrease in blood pressure, it may be more pronounced in patients with very high blood glucose concentrations. Exercise caution in patients for whom a dapagliflozin-induced drop in blood pressure could pose a risk, such as patients on anti-hypertensive therapy with a history of hypotension or elderly patients. Careful monitoring of volume status and electrolytes is recommended in conditions leading to volume depletion, such as acute gastrointestinal illness. In volume depleted patients temporary interruption of dapagliflozin is recommended until volume depletion is corrected. **Diabetic ketoacidosis (DKA):** SGLT2 inhibitors should be used with caution in patients with increased risk of DKA. Patients who may be at higher risk of DKA include patients with a low beta-cell function reserve (e.g. type 2 diabetes patients with low C-peptide or latent autoimmune diabetes in adults (LADA) or patients with a history of pancreatitis), patients with conditions that lead to restricted food intake or severe dehydration, patients for whom insulin doses are reduced and patients with increased insulin requirements due to acute medical illness, surgery or alcohol abuse. The risk of DKA must be considered in the event of non-specific symptoms such as nausea, vomiting, anorexia, abdominal pain, excessive thirst, difficulty breathing, confusion, unusual fatigue or sleepiness. Patients should be assessed for ketoacidosis immediately if these symptoms occur, regardless of blood glucose level. Before initiating dapagliflozin, factors in patient history that may predispose to ketoacidosis should be considered. Treatment should be interrupted in patients who are hospitalised for major surgical procedures or acute serious medical illnesses. Monitoring of ketones is recommended in these patients. Measurement of blood ketone level is preferred to urine. Treatment with dapagliflozin may be restarted when the ketone values are normal and the patient's

condition has stabilised. Rare cases of DKA, including life-threatening and fatal cases, have been reported in patients treated with SGLT2 inhibitors, including dapagliflozin. In a number of cases, the presentation of the condition was atypical with only moderately increased blood glucose values, below 14mmol/L (250mg/dL). In patients where DKA is suspected or diagnosed, dapagliflozin treatment should be stopped immediately. Restarting SGLT2 inhibitor treatment in patients with previous DKA while on SGLT2 inhibitor treatment is not recommended, unless another clear precipitating factor is identified and resolved. Dapagliflozin should not be used for treatment of patients with type 1 diabetes. **Necrotising fasciitis of the perineum (Fournier's gangrene):** Post-marketing cases have been reported in female and male patients taking SGLT2 inhibitors. Urgent surgical intervention and antibiotic treatment required. Advise patients to seek medical attention if they experience a combination of pain, tenderness, erythema, or swelling in the genital or perineal area, with fever or malaise. Either uro-genital infection or perineal abscess may precede necrotising fasciitis. If suspected discontinue Forxiga and institute prompt treatment (including antibiotics and surgical debridement). **Urinary tract infections:** Temporary interruption of dapagliflozin should be considered when treating pyelonephritis or urosepsis. **Elderly (≥65 years):** Elderly patients are more likely to have impaired renal function, be treated with medicines such as anti-hypertensives or diuretics, and be at a greater risk of volume depletion. **Cardiac failure:** Experience with dapagliflozin in NYHA class IV is limited. **Chronic kidney disease:** There is no experience with dapagliflozin for the treatment of chronic kidney disease in patients without diabetes who do not have albuminuria. Dapagliflozin has not been studied for the treatment of chronic kidney disease in patients with polycystic kidney disease, glomerulonephritis with flares (lupus nephritis or ANCA-associated vasculitis), ongoing or recent requirements of cytotoxic, immunosuppressive or other immunomodulating renal therapy, or in patients who received an organ transplant. **Lower limb amputations:** Counsel patients with diabetes on routine preventative foot care. An increase in cases of lower limb amputation (primarily of the toe) has been observed in long-term, clinical studies with SGLT2 inhibitors. **Urine laboratory assessments:** Patients will test positive for glucose in the urine due to mechanism of action. **Lactose:** Patients with rare hereditary problems of galactose intolerance, total lactase deficiency, or glucose-galactose malabsorption should not take Forxiga. **Drug Interactions: Diuretics:** Dapagliflozin may add to the diuretic effect of thiazide and loop diuretics and may increase the risk of dehydration and hypotension. **Insulin and insulin secretagogues:** Consider a lower dose of insulin or insulin secretagogue in combination with dapagliflozin to reduce the risk of hypoglycaemia. **Effect of dapagliflozin on other medicinal products:** Dapagliflozin may increase renal lithium excretion and the blood lithium levels may be decreased. **Interference with 1,5-AG assay:** Monitoring glycaemic control with 1,5-AG assay is not recommended as measurements of 1,5-AG are unreliable in assessing glycaemic control in patients taking SGLT2 inhibitors. Alternative methods should be used. **Pregnancy and Lactation:** Not recommended during the second and third trimesters of pregnancy. Treatment should be discontinued when pregnancy is detected. Do not use whilst breast-feeding. **Ability to Drive and Use Machines:** Alert patients on the risk of hypoglycaemia when dapagliflozin is used in combination with a sulphonylurea or insulin. **Undesirable Events:** Consult SmPC for full list of side effects. **Very common (≥1/10):** Hypoglycaemia (when used with SU or insulin). **Common (≥1/100 to <1/10):** Vulvovaginitis, balanitis and related genital infections, urinary tract infection, dizziness, rash, back pain, dysuria, polyuria, haematocrit increased, creatinine renal clearance decreased during initial treatment, dyslipidaemia. **Uncommon (≥1/1,000 to < 1/100):** Volume depletion. **Rare (≥ 1/10,000 to < 1/1,000):** Diabetic ketoacidosis. **Very Rare (< 1/10,000):** Angioedema, necrotising fasciitis of the perineum (Fournier's gangrene), tubulointerstitial nephritis. **Legal Category:** POM. **Marketing Authorisation Number:** Forxiga has GB licences. PLGB 17901/0326, PLGB 17901/0325. **Presentation & Basic NHS Cost:** Forxiga 5mg film-coated tablets 28: £36.59; Forxiga 10mg film-coated tablets 28: £36.59. **Marketing Authorisation Holder:** AstraZeneca UK Ltd., 1 Francis Crick Avenue, Cambridge, CB2 0AA, UK. **Further Information is Available From:** AstraZeneca UK Ltd., 2 Pancras Square, London, N1C 4AG, UK. FORXIGA is a trademark of the AstraZeneca group of companies. Date of preparation 12/2022


CV 22 0170

Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to AstraZeneca by visiting <https://contactazmedical.astrazeneca.com> or by calling 0800 783 0033.



## Use dapagliflozin across its full spectrum of indications

To discover dapagliflozin and the resources you need to support identification and treatment click or scan here



Click to learn more



## You and your patients could be missing out

Dapagliflozin may represent a significant  
opportunity for your dispensing patients.

On average, 15 in every 1,000 patients on a dispensing practice  
list were found to be appropriate for a dapagliflozin initiation.\*

Dapagliflozin is indicated  
for insufficiently controlled  
T2D, symptomatic chronic  
HF and CKD

To discover dapagliflozin  
and the resources  
you need to support  
identification and  
treatment click or  
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NICE Type 2 Diabetes Guidelines  
(NG28) recommend considering  
SGLT2 inhibitors, including  
dapagliflozin, as first line treatment  
with metformin in patients with T2D  
at high risk of CVD.<sup>1</sup>

\* (across a sample of 5 dispensing practices, an average of  
198 patients out of 13,619 [average list size] were identified  
by the dapagliflozin patient identification resource to be  
eligible for an initiation)

# Training For Me

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## One Stop Shop

At Dispex, we go far beyond just offering profitability guidance for your dispensary. We also specialise in crafting tailor made training packages for your entire team.

Our diverse range of courses cater for Dispensers, Pharmacy Techs, Dispensary & Practice Managers, Receptionists and GPs. Additionally, we provide training options suitable for administrative and secretarial personnel, such as Stress Management, DSE Risk Assessment, Fire Safety Principles and Performance Management.

We are also able to offer the flexibility to match your learning preferences, whether you choose guided instruction or independent learning. Furthermore, if you prefer face-to-face learning, we can arrange on-site sessions, although availability may be subject to geographical restrictions. For further details, please contact us: [training@dispex.net](mailto:training@dispex.net)

*Member's*  
**Discount Applies**



## Dispensing and the drive for environmental sustainability

We continue our journey to transform Respiratory care to the lowest possible carbon impact by looking at Combination LABA plus ICS inhalers this month. Chlorofluorocarbons (CFCs) inhaler propellants contained in pMDIs (pressurised Metered Dose Inhaler) were recognised as ozone depleting substances and were phased out in the UK by 1996. CFCs were replaced by 'CFC-free' inhalers containing hydrofluorocarbons (HFCs). Although HFCs are not ozone depleting substances, they are powerful greenhouse gases which can contribute to global warming. Carbon emissions from inhalers have been assessed as being responsible for approximately 3% of all NHS carbon emissions. The NICE patient decision aid gives an indicative range for DPI (Dry Powder Inhalers) and pMDIs:

- **DPIs (1 dose (two puffs)): 20 g CO<sub>2</sub>e per dose**
- **pMDIs (two puffs): 500 g CO<sub>2</sub>e per dose**

This is, unfortunately, not the full story, as some pMDIs have a higher indicative carbon footprint when compared with other pMDIs.

Even though the Environmental Sustainability indicators have been removed from the Investment and Impact Fund (IIF) 2023/24 Incentive scheme, there is still a great need to reduce the carbon footprint of inhalers. Most LABA Plus ICS products are available as both MDIs and DPIs.

Dispex has assessed the impact on profitability of all these inhalers and this information can be accessed via the

**Brand Comparisons** section of the Dispex website which is a Members' only resource. The profitability comparisons include figures on the website showing the profitability of prescribing generically and dispensing a particular brand, which can make a significant difference between dispensing at a loss and ensuring your dispensary viability.

**The following 6 combinations are available:**

<b>Beclometasone + Formoterol</b>
<b>Budesonide + Formoterol</b>
<b>Fluticasone + Formoterol</b>
<b>Fluticasone + Salmeterol</b>
<b>Fluticasone + Vilanterol</b>
<b>Mometasone + Indacaterol</b>

We will take an in-depth view of Fluticasone + Salmeterol as there are now 12 manufacturers. Not all manufacturers supply all strengths as MDIs or as DPIs. Switching MDIs to cheaper products should be relatively easy, but switching DPIs requires a check on inhaler technique. It can become quite confusing for patients and dispensers may have to assist in the changeover and get to know the different inhaler names eg Accuhaler, Airmaster, Ciphaler, Easyhaler and Spiromax – and this is just for the Fluticasone plus Salmeterol!

*Continues on the next page*



Brand	Strength	Manufacturer	Doses	Basic Price	Aerosol vs Non-Aerosol
Avenor	25/50	Zentiva	120	£12.99	MDI
Combisal	25/50	Aspire	120	£13.50	MDI
Seretide evohaler	25/50	GSK	120	£29.32	MDI
Airflusal	125/25	Sandoz	120	£16.42	MDI
Aloflute	125/25	Mylan	120	£23.45	MDI
Avenor	125/25	Zentiva	120	£10.33	MDI
Combisal	125/25	Aspire	120	£10.48	MDI
Sereflo	125/25	Cipla	120	£14.99	MDI
Seretide evohaler	125/25	GSK	120	£23.45	MDI
Sirdupla	125/25	Viartis	120	£22.45	MDI
Airflusal	250	Sandoz	120	£20.52	MDI
Aloflute	250	Mylan	120	£28.32	MDI
Avenor	250	Zentiva	120	£13.66	MDI
Combisal	250	Aspire	120	£13.99	MDI
Sereflo	250	Cipla/Kent	120	£19.99	MDI
Seretide evohaler	250	GSK	120	£29.32	MDI
Sirdupla	250	Viartis	120	£28.32	MDI

Campona Airmaster	50/100	Genesis	60	£7.95	BADPI
Fixkoh Airmaster	50/100	Genus	60	£14.47	BADPI
Seretide Accuhaler	100	GSK	60	£17.46	BADPI

Campona Airmaster	50/250	Genesis	60	£8.95	BADPI
Fixkoh Airmaster	50/250	Genus	60	£19.29	BADPI
Fusacomb Easyhaler	50/250	Orion	60	£21.50	BADPI
Sereflo Ciphaler	250	Cipla	60	£10.99	BADPI
Seretide Accuhaler	250	GSK	60	£33.95	BADPI

Airflusal ForSpiro	50/500	Sandoz	60	£29.97	BADPI
Campona Airmaster	50/500	Genesis	60	£9.95	BADPI
Fixkoh Airmaster	50/500	T & R	60	£16.12	BADPI
Fusacomb Easyhaler	50/500	Orion	60	£26.99	BADPI
Sereflo Ciphaler	50/500	Cipla	60	£10.99	BADPI
Seretide Accuhaler	500	GSK	60	£32.74	BADPI
Stalpex	50/500	Glenmark	60	£16.12	BADPI

Seffalair Spiromax	12.75/202	TEVA	60	£23.97	BADPI
Seffalair Spiromax	12.75/100	TEVA	60	£23.97	BADPI

Over the next few editions of the Gazette, Dispex will be looking at the other LABA plus ICS Combination Inhalers. We will be assessing the potential impact some of these might have on dispensary viability, alongside the importance of the drive to ensure environmental sustainability. We will be offering choices for dispensing practices and member practices can access the profitability impact of those choices.

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1 Burdopkadee 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 Suggett J et al. The Impact of Inhalation Delay on Lung Drug Delivery: Using Functional Respiratory Imaging (FRI) to Compare Metered Dose Inhaler (MDI) and MDI + Valved Holding Chamber (VHC) Systems. Am J Respir Crit Care Med 2020;201:A5689. 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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With the debacle about when the Flu jab “season” begins and when NHSE were willing to start paying for flu jabs given, now seems to have been resolved and all flu jabs administered before 1 October will be reimbursed and count towards the DES so that practices can claim £10.06 per vaccination that they administered for those patients 65 and over and those patients in the At-Risk group. The At-Risk Group includes:

- those aged 65 years and over
- pregnant women
- those in long-stay residential care homes
- carers in receipt of carer’s allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- frontline workers in a social care setting
- those aged 6 months to under 65 years in Clinical Risk Groups

The Clinical Risk Groups are set out in the **Green Book**

- Clinical risk category
- Chronic respiratory disease
- Chronic heart disease and vascular disease
- Chronic kidney disease
- Chronic liver disease
- Chronic neurological disease
- Diabetes and adrenal insufficiency
- Immunosuppression
- Asplenia or dysfunction of the spleen
- Pregnant women
- Morbid obesity (class III obesity)

From the Greenbook Chapter 19: “The list is not exhaustive, and the medical practitioner should apply clinical judgment to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself. Influenza vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above.”

Many practices would have ordered their flu jabs in anticipation that the 50–65-year-olds would also be eligible for a flu jab, but NHSE and the JVCi have decide that they are no longer in an At-Risk group. In addition, Community Pharmacy is gearing itself up to deliver the flu jabs to both the At-Risk groups and privately for those patients not in the At-Risk groups who request a flu jab. This means that potentially some practices will have ordered an excessive amount of flu jabs. Most companies will allow a 10% return, but many practices will need to brace themselves for writing off a large debt for paid for, but unused flu jabs.

Most practices have been able to get a small discount on their flu jabs and this means that they will make approximately 50 pence profit per jab, along with the Dispensing Fee of about £2.30 per item. Practices can still administer flu jabs to those patients not in the At-Risk groups and claim the Reimbursement and Dispensing Fees for those via

*Continues on the next page*



the FP34D Bulk Vaccination claims – they will of course not get paid the £10.06 DES fee, unless they deem the patient to be “At-Risk”. Practices cannot provide private flu jabs for their own NHS patients.

Despite all the above, administering flu jabs remains a financially viable option.

To work out profitability on flu jabs, you will need to ensure you take into account that the VAT equivalent reimbursed by NHSBSA equates to less than 20% as the VAT equivalent is paid on the Basic Price Minus the clawback.

### Example:

Flu jabs – Basic Price £10.00  
Assume Discount 15%

Reimbursement (excluding Dispensing Fee)

= Basic Price Minus Clawback plus VAT Equivalent  
(on Basic price Minus clawback)

=  $(10.00 - 1.18) + \{20\% \times (10.00 - 1.18)\}$

=  $8.82 + (20\% \times 8.82)$

=  $8.82 + 1.76$

= 10.58

Cost = Basic price minus Discount plus VAT (on Basic price minus Discount)

=  $10.00 - (15\% \times 10.00) + \{20\% \times \text{Discounted price}\}$

=  $8.50 + (20\% \times 8.50)$

=  $8.50 + 1.70$

= 10.20

Profit = Reimbursement Minus Cost

=  $10.58 - 10.20$

= 38 pence per flu jab (excluding Dispensing Fee)

This only works out if ALL flu jabs administered are recorded via the clinical system and the correct amount of flu jabs are claimed for reimbursement on the Bulk Immunisation section of the FP34D (these MUST be claimed as the particular brand administered and not generically). It is always worth counting the number of flu jabs left at the end of each month and reconciling with the number of flu jabs claimed to ensure all flu jabs administered have been correctly entered into the clinical system.

The following Flu jabs are available for the 2023/24 season:

Brand	Manufacturer	Category	Licensed Age groups	Basic Price
Quadrivalent influenza	Sanofi	QIVe	From 6 months	£8.00
Adjuvanted Quadrivalent Influenza	Seqirus	aQIV	From 65 years	£13.50
Cell based quadrivalent Influenza	Seqirus	QIVc	From 2 years	£12.50
Influvac sub-unit Tetra	Viartis	QIVe	From 6 months	£9.94
Supemtek	Sanofi	QIVr	From 18 years	£16.00

**Influenza Vaccinations -  
Ensuring you  
minimize losses.**

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PCN

## LEADERSHIP & MANAGEMENT

### Training Funding



Are you aware that the 2023/24 **PCN DES Contract specification** has allocated funding for leadership and management training?

### **Dispex 7 Course Package** (Online):

- Leading and Motivating a Team
- PAs & VAT
- Organising and Delegating
- Performance Management
- Induction of New Staff
- A Comprehensive Guide to Controlled Drugs
- Understanding Leadership

**CLICK HERE**

**£363 per member or £528 per non-member**

Once your request for funding has been **approved** by your PCN, please contact the Dispex office via **email**. You have two options for payment. We can either directly invoice your PCN or alternatively, we can invoice your practice. If you choose the latter, you will need to coordinate with your PCN to arrange your reimbursement. Once Dispex is in receipt of a payment the learner will be enrolled on all 7 courses. All courses must be completed within 1 year of the enrolment date. Prices are per learner and include all 7 courses. The prices are **inclusive** of VAT. Course descriptions can be found **here**.





## PATIENT AIDS

## AND 7 DAY PRESCRIBING

MDS systems can be known by several other names.....

- Nomad Trays
- Blister packs
- Multi Compartment Compliance Aids
- Dosette Boxes

But, ultimately they all mean the same thing-disposable weekly transparent trays.

Monitored dosage systems are used to support patients who have been assessed by an Authorised Health Care Professional and have been identified to have practical problems in managing their medicines. Under the Disability and Discrimination Act (DDA), now known as The Equality Act 2010, the authorised Health Professional must assess what level of compliance support is required.

### How might a patient's non compliance with their medication be identified?

- Dispensing Review of Use of Medication (DRUM) (a DRUM is a face-to-face review with patients or carers, to establish compliance & agreement with their medicine regime). They help to identify any problems that the patient may be having. DRUMS also seek to raise the certainty that quality and safety are delivered to patients. New to DRUMS? Then check out our **DRUMS tutorial**.

### Who might identify non compliance?

- Doctors
- Any Trained Authorised Staff (Dispensers)

### Reasons why you should refer a patient to a doctor to be assessed:

- Forgetfulness

### Medical conditions such as:

- Parkinsons
- Alzheimers disease
- Ability – Physical or Confusion

- Risk to patient or others (identified possibly through overordering causing a risk to themselves or others in the home).
- Multiple Medications or complicated timings

### 7 Day Prescribing

Provision of 7 day prescriptions is at the discretion of the prescriber and should be issued when 7 day dispensing is required. It is good practice to record the reason why a decision is made to initiate 7 day prescribing in patient's notes.

### Possible Reasons

- Where there is a clear clinical need for restricting the quantity of medication that a patient holds at any onetime (consider overdose or misuse)
- Social reasons
- There are frequent changes to the medication regime (help minimise error & waste)

When a MDS device is required to be supplied on a weekly basis to support medication compliance, 7 day prescription MDS systems must be collected or delivered on a weekly basis. It is a good idea to arrange a mutually suitable day for collection/delivery and for this information to be recorded.

For further information on MDS systems, including 7 day prescribing, the law and assessments contact our **helpline**. Members can also click **here** for a free list of medications not suitable for use in disposable dosette boxes!

Please see the following page for the range of dosette boxes available through Dispex.

### Order Methods

Register online at [www.mdstrays.com](http://www.mdstrays.com)

Email: [sales@dispex.net](mailto:sales@dispex.net)

Phone through your order on **01604 859000** (10am-1pm)



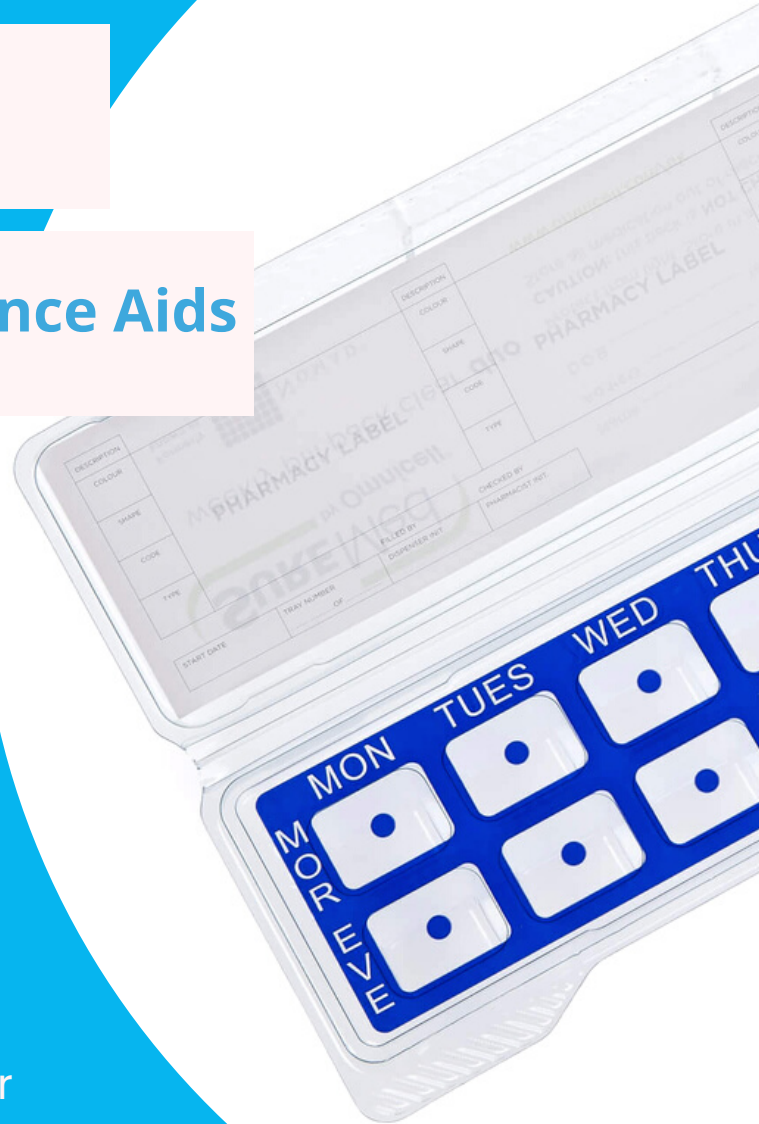
# ○ FREE Delivery\*

## Dosette Boxes

### 7 Day Disposable Compliance Aids

## Why Buy from Dispex?

- Competitive pricing
- Free delivery on main orders\*
- Wide range of trays catering for various needs
- Friendly and efficient customer service team



ORDER  
SALES@DISPEX.NET

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

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



## Join the Dispex Community

Dispex is led by two dispensing doctors who understand the complexities and intricacies of dispensing practices. Our focus on **Training, Profitability, Information** and **Dispensing Supplies** enables our members to significantly enhance the efficiency and profitability of their dispensaries.

### Member benefits include;

#### Profitability support

- Generics costing more than tariff -see page 14
- Brand Comparison
- Positive Parallel Imports (PI's)
- Manufacturers Discount Updates
- Benchmarking Resource

#### Updates on

- The Drug Tariff
- Drug Supplies
- Category M changes
- Concession prices changes

#### Additional benefits & Discounts

- FREE DispexCD account
- SOPs templates
- Discount on dispensary supplies & training
- Dispensing & prescribing support & advice

Our dedicated team liaises with practices, offering our members the support and advice they need. We are also proud to be the only publishers of a targeted dispensing magazine, the **Dispex Gazette**. For further details, please watch our membership **video**.

» Members' Video

» Profitability Tools

» Benchmarking

» Informatics

» Drug Updates

» Join Us

DISPEX

The monthly **Gazette** is a free indispensable newsletter that is available to non-members. However, only Dispex members are entitled to access the full online stories, profitability tables and guidance!





## Online Profitability Tools

### Generics Costing More Than Tariff

Many dispensing practices are suffering big financial losses from the increasing number of generics which cannot be bought at or below the tariff price.

Even though Concession prices sometimes limit the losses, the losses can mount up over the month. Dispex has updated our Profitability page highlighting the generics which cost more than tariff and then providing a solution for minimising losses. We have extended the database available to members so that all possible generic manufacturers' prices have now been compared to the tariff price to see whether you should change the script or not. Remember to endorse all changes.

Please read our [Guide to Generics costing more than Tariff](#).

Dispex Members can click [HERE](#) to go to the live data, which takes into account Concession Prices, as and when they are announced.

Product ^	Pack Size	Tariff	Best Price ^	Loss ^	Brand Name ^	Advice ^
(A) Last Updated 16 June 23						
Aciclovir 800mg Tabs	35	£3.40	£4.60	£-1.20	No Price/Not Listed	Change & Endorse Best Price
Aciclovir 800mg Tabs	35	£3.40	£4.60	£-1.20	AAH	Change (no endorsement)
Aciclovir 800mg Tabs	35	£3.40	£4.60	£-1.20	Accord	Change (no endorsement)
Aciclovir 800mg Tabs	35	£3.40	£4.60	£-1.20	Alliance	Do not change
Aciclovir 800mg Tabs	35	£3.40	£4.60	£-1.20	Almus	Do not change
Aciclovir 800mg Tabs	35	£3.40	£4.60	£-1.20	Crescent	Change (no endorsement)
Aciclovir 800mg Tabs	35	£3.40	£4.60	£-1.20	Wockhardt	Change (no endorsement)
Amiloride 5mg Tabs	28	£12.32	£13.15	£-0.83	No Price/Not Listed	Change & Endorse Best Price
Amiloride 5mg Tabs	28	£12.32	£13.15	£-0.83	AAH	Change (no endorsement)
Amiloride 5mg Tabs	28	£12.32	£13.15	£-0.83	Accord	Change (no endorsement)

[» Login](#)
[» Password re-set](#)
[» Join Us](#)





## Calendar of national campaigns

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



### SEPTEMBER

#### World Suicide Prevention Day

10 September 2023

International Association of Suicide Prevention  
Suicide prevention

#### World Sepsis Day

13 September 2023

World Sepsis Day

#### World Patient Safety Day

17 September 2023

WHO

#### Organ Donation Week

18-24 September 2023

Organ Donation

#### World's Biggest Coffee Morning

29 September 2023

Macmillan



### OCTOBER

#### Stoptober

October

Stoptober

#### National Cholesterol Month

October

Heart UK

#### Breast Cancer Awareness Month

October

Breast Cancer Now

Long-term health conditions

#### World Menopause Awareness Day

18 October 2023

International Menopause Society

Menopause and the workplace

#### International Stress Awareness Week

30 October – 3 November 2023

Raising awareness about stress prevention

International Stress Awareness Week

# 2023 Free NHSBSA & Dispex Webinars



•LIVE•

WEBINAR

FREE - 1PM START

## Batch Submission & Switching

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.

- 19th October
- 7th December

## Endorsing including Referred Backs

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.

- 21st September
- 23rd November

BOOK NOW



# LOCUM PHARMACISTS – EMPLOYMENT STATUS REMINDER

**Medical practices will be familiar with the obligation to assess the employment status of locums when engaging them and the need to document their decision under the off-payroll/IR35 rules. While these obligations have now been in place for some time, HMRC's guidance on the issues continues to evolve.**

With effect from 30 June 2023, HMRC withdrew its previous guidance on assessing the employment status of locum pharmacists. The old guidance made reference to the "standardised form of agreement devised by the National Pharmaceutical Association (NPA) which is commonly utilised for the engagement of locum pharmacists". The updated manual simply directs users to the generic guidance for "Agency and temporary workers".

While the withdrawal of this specific guidance does not mean that the rules on when a pharmacist must be treated as a deemed employee (and PAYE deducted and paid by the engaging business) have changed, HMRC says that the guidance has been withdrawn because it wants medical practices and dispensing businesses to use its CEST tool and that specific sectoral/role related guidance in its manuals is no longer necessary. Essentially this brings the engagement of locum pharmacists in line with other off-payroll workers in that an assessment of employment status, whether by CEST or other form of analysis, is required to determine whether employment for tax would be deemed and to demonstrate having robust engagement procedures.

Indeed, even the original guidance made clear that if the locum pharmacist carries out work not confined to dispensing medicines and advising the public, the individual may be a deemed employee of the engaging party. However, it did give a fairly strong steer that where the standard NPA contract was used and observed to the letter, the locum pharmacist was likely to be self-employed.

The likely risk here from HMRC's perspective, is that some businesses might believe that just having an NPA contract in place for their locums is good enough – when HMRC would expect engagers to do a much more thorough assessment of what the pharmacist actually does in reality, rather than simply rely on what the contract says.

This is a timely reminder that all practices engaging locums must consider the specific circumstances of each contract (particularly repeat locum contracts) and check whether the worker's activities indicate that they have exercised (or could exercise) any 'right' to supervise, direct or control the individual's work.

The example that was withdrawn from the manual may have referred to an NPA standard locum contract, but it also included the counter indicator of a locum "brought in to assist the proprietor/ chief pharmacist to dispense prescriptions". Where this occurred and the individual "had also been told [they] might also be required to work alongside the sales staff in the shop serving customers, stocking shelves, and ordering stock as instructed", HMRC pointed out that these practical circumstances would trump any more tightly defined contractual obligations on the locum when assessing their employment tax status.

Medical practices and pharmacies have faced substantial recruitment difficulties in recent years and the use of locums continues to be widespread. However, practice managers should be vigilant and look out for any signs that a regular locum is gradually taking a wider role in the practice than originally intended: when staffing is short, covering gaps result in responsibility/control creep for a locum bringing their tax status into question. If HMRC visited your practice today, could officers easily tell locums from permanent staff?

For help and advice on any off-payroll/IR35 or other employment tax issue, please do get in touch with our team.



**JULIETTE SMITH**  
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## FOR MORE INFORMATION:

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IDEAS | PEOPLE | TRUST

# WEBINAR

## DispexCD

Free Events



THURSDAY

12th October

16th November



TIME

12-1 PM

### NOT MADE THE DIGITAL SWITCH!?

Join us to discover the benefits and advantages of our digital CD Register for your Dispensary. There is nothing to install and eliminates the need for paper registers! DispexCD is proving invaluable for dispensing practices.

- Legally compliant & supports NICE best practice.
- Multiple layers of security & encryption, plus daily backups to protect your patient data.
- Each member of staff has their own login.
- Reduces errors, saves time & money.
- User-friendly.

Don't forget, members are entitled to one FREE CD account!

More Information

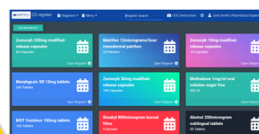
 [dispex.net/training](http://dispex.net/training)



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



DISPEXCD



**BOOK NOW**



**NHS vaccination response to urgent BA.2.86 risk and changes to autumn/winter 2023/24 vaccination delivery programme**

Source: NHS England 30.8.2023

**Financial support**

In addition to the financial arrangements set out in the Autumn 2023 GP and CP enhanced service specifications, and Standard Contract schedules, interim arrangements to support programme acceleration will be put in place to recognise additional administrative, organisation and delivery costs. Commissioned providers will now be eligible to claim:

- An additional acceleration payment of £10 (in addition to the IoS fee) for each COVID-19 vaccination administered to care home residents between Monday 11 September and Sunday 22 October 2023 inclusive; and
- A separate one-off additional payment of £200 for each Completed Care Home by 23.59hrs on Sunday 22 October 2023 that is confirmed to the Commissioner by the submission of a live time survey no later than 23.59hrs on Sunday 29 October 2023. To support the acceleration of COVID-19 vaccinations to other eligible cohorts:
- An additional £5 acceleration payment (in addition to the IoS fee) will be made available for each COVID-19 vaccination administered to eligible people between 11 September and 31 October 2023 (excluding care home residents, housebound people, and any health and care worker vaccinations commissioned under the NHS Standard Contract). The COVID-19 vaccination primary care service specifications and NHS Standard Contract schedules will be updated to reflect the financial arrangements outlined above in line with usual processes. Click [here](#) for the source.

**Some remote GP appointments as effective as face-to-face ones**

Source: Practice Index 4.9.23

Remote GP and other primary care consultations can be as effective as face-to-face appointments for some conditions, [new research](#) has found.

A study by a team at Imperial College London said health outcomes for patients who had remote appointments for mental illness, alcohol misuse, weight management and for advice on stopping smoking at least matched those for in-person care. The findings, published in the Journal of Medical Internet Research, were based on a review of previous research involving more than 5.4 million patients in countries across the world.

Lead study author Dr Ana Luisa Neves, from the School of Public Health at Imperial College London, said: "Based on the evidence we analysed, it seems that remote care is equally beneficial on health outcomes for certain conditions

including mental health, alcohol misuse and smoking cessation. For these conditions, evidence shows patients can get the same effectiveness of care as they would in face-to-face appointments."

The Imperial researchers identified 30 studies that compared video- or phone-based primary care consultations with those carried out face-to-face published between 2017 and 2022. Most were in the USA, with others in the UK, Canada, Sweden, New Zealand, Singapore, UK, Japan and Kenya. Some of the studies covered general primary care such as GP appointments while others focused on specific conditions or groups of conditions. The studies were reviewed as to whether virtual care was superior, equal to or inferior to face-to-face care on costs, health outcomes, safety, patient satisfaction, waiting times and equity.

Remote consultations reduced financial costs and saved time for doctors in some cases and the studies that compared health outcomes found remote appointments to be as effective as in-person ones for the areas the studies looked at, which were mental health problems including depression and anxiety; reducing alcohol consumption; stopping smoking; and weight management. One study found virtual care to be superior for treating ulcers.

There was some evidence that remote consultations were more convenient, but also that patients seen virtually felt less well supported in making informed choices autonomously. There was insufficient evidence to enable the researchers to assess the impact of virtual consultations on patient safety, and the researchers say there is a need to further explore their impact on equity. Click [here](#) for the source.

**NHS launches first-ever sexual safety charter to help protect staff**

Source: NHS England 5.9.23

More support will be provided to NHS staff who have suffered harassment or inappropriate behaviour, thanks to a first of its kind sexual safety charter.

The charter is an agreement with 10 pledges including commitments to provide staff with clear reporting mechanisms, training, and support. NHS chiefs are today calling on organisations across the health sector including royal colleges to sign up to the framework to eradicate sexual harassment in the workplace.

As part of the major new action, every NHS trust and local health system in England will also have a domestic abuse and sexual violence lead to support patients and staff to report incidents and access support.

By signing up to the charter, NHS managers will receive extra training to improve awareness and ensure allegations are appropriately investigated. Click [here](#) for the source.

## Have you seen The CQC's 2022 Controlled Drugs annual update?

Please make sure to review the information provided by the Care Quality Commission [here](#).

**Key Point:** It has been advised that practices make use of the Care Quality Commission Controlled Drugs Self-Assessment Form. Please click [here](#) for further information.

### Controlled Drug Management

It is crucial to guarantee that all individuals participating in your controlled drugs process stay well-informed of current regulations and

remain updated on the latest recommendations.

### Count on Dispex for assistance!

We can provide you and your team with a range of CD training options, registers and denaturing kits. Additionally, we can assist in ensuring that your CD SOPs are streamlined and compliant.

***Ensure your team all achieve the necessary competencies!***

# DISPEX EDUCATION

## CONTROLLED DRUGS a Comprehensive Guide

This comprehensive learner-led course 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.



**ENROL HERE**



Members: £60 PP  
NM: £120 pp  
**Inc VAT**

## BACK TO SCHOOL

### Autumn-Winter Tutorials

As students return to the classroom, now presents a prime opportunity to focus your attention on your personal professional advancement.

We understand how busy your dispensary can be, but we also appreciate that everyone still needs to complete training for their DSQS requirements, therefore we are continuing to host our 1 hour **tutorials**.

Our popular tutorials conveniently run over the lunchtime period. It is not essential to attend the parts in order, as each part has been designed to be stand-alone, and the full educational benefits will still be achieved.

### 2023 Schedule

#### September

- 13th Sep- Controlled Drugs Part 1
- 20th Sep- Drug Tariff & Endorsing
- 21st Sep- NHSBSA Webinar (Free)

#### October

- 4th Oct- Controlled Drugs Part 2
- 11th Oct- PDP: Stock Control & Purchasing
- 12th Oct- DispexCD Webinar (Free)
- 18th Oct- PDM: Processes & Staff
- 19th Oct- NHSBSA Webinar (Free)
- 25th Oct- DRUMs Guidance

#### November

- 1st Nov- PDM: PAs & VAT
- 8th Nov- DSQS Guidance
- 15th Nov- Controlled Drugs Part 1
- 16th Nov- DispexCD Webinar (Free)
- 22nd Nov- SOPs
- 23rd Nov- NHSBSA Webinar (Free)
- 29th Nov- Drug Tariff & Endorsing



#### December

- 6th Dec- Controlled Drugs Part 2
- 7th Dec- NHSBSA Webinar (Free)

## BOOK NOW

**Time:** 1pm-2pm

**Delegate Prices:**

**Members:** £45+vat pp/ps

**Non-members:** £60+vat pp/ps



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



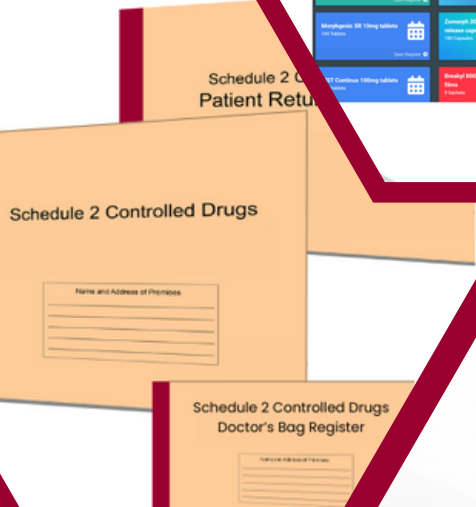
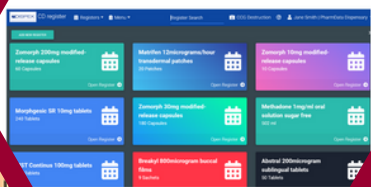
[training@dispex.net](mailto:training@dispex.net)

***We've held our 2022 Tutorial prices***





DISPEXCD



## A ONE STOP SHOP Controlled Drugs

Dispex can provide you with all your needs in controlled drugs management.



### PAPER REGISTERS

Our A4 size registers, Dr's bag size registers and return registers are all fully compliant with current controlled drugs legislation.

**Member discount applies**



### DENATURING JARS

Various size denaturing kits for the safe destruction of controlled drugs.

**Member discount applies**



### DIGITAL REGISTER

The best digital CD platform on the market. There's nothing to install and its user friendly.

**One FREE register for members**



### TRAINING

- Comprehensive 6 hour online learner-led training modules
- Two 1 hour Zoom Tutorials
- Bespoke half day in-house training

**Member discount applies**



# AH, WE HAVE A SOP FOR THAT

The Dispensary

The Prescription

Controlled Drugs

Quality Control

High Risk Medicines



## INTRODUCTION

The Dispensary Services Quality Scheme (DSQS) came into effect in September 2006, as part of the changes to the arrangements for dispensing doctors – agreed as part of the GMS changes in 2006/07. The 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. Practices which sign up to the Scheme must meet key quality requirements, one of which is to develop and maintain a set of Standard Operating Procedures (SOPs) which reflect good professional practice and cover all dispensary procedures.

Standard Operating Procedures (SOPs) are defined as, “detailed written instructions to achieve uniformity of the performance of a specific function” and are ideally suited for use in the dispensary. Standard Operating Procedures in dispensing practice are a clinical governance issue, and while their use is not yet mandatory, their adoption will undoubtedly improve patient safety.

SOPs must be reviewed and updated at least once every 12 months and whenever dispensing procedures are amended.

## DISPEx SOP Templates

Dispex is pleased to provide its members with SOP Templates that cover the following areas;

**THE DISPENSARY** - 5 available

**QUALITY CONTROL** - 15 available

**THE PRESCRIPTION** - 12 available  
1 Under development

**CONTROLLED DRUGS** - 8 available

**HIGH RISK MEDICINES** - 5 available  
2 Under development

Dispex members can login **here** to view the full list.

There are variations in the way Practices run their Dispensaries – the Templates provided are guidelines based on DSQS Minimum Requirements.

**You will need to tailor and adapt the content to your own circumstances and adjust each one to reflect the way your own Dispensary operates.**

Dispex recommends that you practice the SOP for a few weeks and then review with your staff to decide whether it is working or if there are areas which need to be improved. All relevant dispensary staff will need to read and sign the SOPs to show that they understand what it means. This is a good opportunity to identify competencies and for you to offer training and develop your staff.

Dispex Ltd can accept no responsibility for the way in which these templates may be used by practices.



# DISPEX ANSWERS

*The experts at Dispex provide answers to the most common questions, quoting the relevant regulations.*

**Q:** Are there any laws or regulations that cover lone working within the dispensary- (while other members of staff are working within the practice)?

**A:** *For a quick answer, members can login here. However, this subject is detailed further within our DSQS Tutorial, which you may find helpful.*



## Here to HELP

Don't forget Dispex members have access to our support helplines!



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



01604 859000 (10am-1pm)



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

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Rate our service on



PRACTICE INDEX



**DISPEX**



**RATE OUR SERVICE**



Dispex is working with **Practice Index** to inform dispensing practices about the numerous benefits of our services and membership. We highly value your custom and would be grateful for your feedback regarding our services. It can take as little as 60 seconds to leave a review. Please click [here](#) to leave us your thoughts. **THANK YOU**



Time-saving profitability tools



Love DispexCD, we'll never go back to paper registers



The best bespoke CPD training

