

Gazette

YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues



Understanding Prescription Charges

news

opinion

articles

learning & development

technology

offers

Keeping a watchful eye on your PCSE drug statements and prescription charges has always been an important aspect of best practice. However, in light of the present financial challenges faced by dispensing doctors, it is now more crucial than ever to scrutinise your prescription charges and movements. Movements from unpaid to paid, could be losing you thousands of pounds a year!

Given the significant number of enquiries we receive from our members on this topic, we have created a three-part overview. Part one focuses on understanding prescription charges taken by the practice compared with prescription charges deemed to have been taken by NHSBSA. Please see pages 6-8 for details, this information is only relevant for English sites.

If after reading the articles, you still require further guidance, we would highly recommend attending our **free webinars** conducted in collaboration with Dispex and NHSBSA.

As the year draws to a close, it's time to make a note on your dispensary calendar, as the DRUM submission deadline in January is rapidly approaching! Maximising this opportunity and ensuring your patients' adherence to prescribed medications is of the utmost importance.

To accomplish this, it's a good idea to assess your team's readiness, with special attention paid to new members of staff. Dispex is here to help, with our online learner-led course, designed to equip learners with the necessary knowledge to conduct DRUMs within a Dispensing Doctor environment. The Dispex members' price is only **£24 inc vat** per person, so it's the obvious choice!! For the course description please click **here** and to enrol please email **training@dispex.net**.

Dispex members can also download our **DRUMS SOP** (QC13).

Best Wishes,
Claudy Rodhouse
Dispex Design and Marketing Contributor

The Dispensary Gazette

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What's inside	Page
Going Greener	2-3
Dispex Showcases	4-5
Understanding the PCSE Drug Statements	6-8
Benchmark your Dispensing	9
Leadership and Management Funding	11
FREE DispexCD Account for Members	13
Business & Admin courses	15
Controlled Drugs Management	17
Free NHSBSA & Dispex Webinars	18
Dispex Answers -Members' Resource	19

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1. Xailin® Night Instructions For Use (IFU). 2. VISUfarma data on File: July 2023.

VISU/UK/Xn/0042 Date of preparation: July 2023

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the eye health company



Dispensing and the drive for environmental sustainability

Going Greener – Dispensing and the drive for environmental sustainability – Assessment of Combination Long-Acting Beta Agonists (LABAs) and Inhaled Corticosteroids (ICS) Part 3

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 CO₂e per dose**
- **pMDIs (two puffs): 500 g CO₂e 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:

Beclometasone + Formoterol
Budesonide + Formoterol
Fluticasone + Formoterol
Fluticasone + Salmeterol
Fluticasone + Vilanterol
Mometasone + Indacaterol

Continues on the next page

We take an in-depth view of Beclometasone + Formoterol as there are now 3 manufacturers with only one supplying DPIs. Switching MDIs to cheaper products should be relatively easy, but switching to DPIs requires a check on inhaler technique. To see the profitability of these products, members can view the data within our Brand Comparisons section – Inhalers – Combinations Beclometasone + Formoterol.

Note that the price of both strengths of Luforbec has dropped to the same price as Bibecfo from 30th October 2023. There is still the same percentage discount available on Luforbec.

Brand	Strength	Co	Doses	Basic Price	Aerosol vs Non-Aerosol
Formoterol +Beclometasone					
Bibecfo	100	Cipla	120	£13.98	MDI
Bibecfo	200	Cipla	120	£13.98	MDI
Fostair Nexthaler	100	Chiesi	120	£29.32	BADPI
Fostair Nexthaler	200	Chiesi	120	£29.32	BADPI
Fostair	100	Chiesi	120	£29.32	MDI
Fostair	200	Chiesi	120	£29.32	MDI
Luforbec	100	Lupin	120	£13.98	MDI
Luforbec	200	Lupin	120	£13.98	MDI

In the next edition of the Gazette, Dispex will be looking at the remaining 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.

Dispensing and the drive for environmental sustainability



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 scan here



[Click to learn more](#)

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.¹

* (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)

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-197866

PRESCRIBING INFORMATION

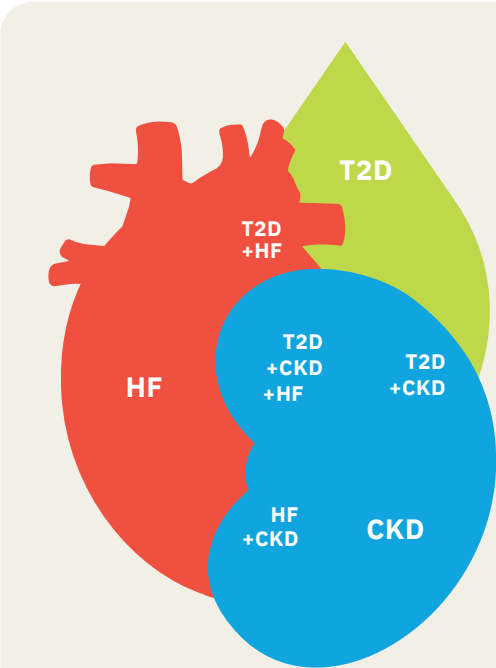
FORXIGA® (dapagliflozin) 5MG & 10MG FILM-COATED TABLETS.
Consult Summary of Product Characteristics (SmPC) before prescribing.
Indications: **Adults: Type 2 Diabetes Mellitus:** For the treatment of insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise, as monotherapy 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, haematuria, 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 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



Understanding Prescription Charges

In this article on the Drug Statements we will be dealing with Understanding Prescription Charges taken by the practice compared with Prescription Charges deemed to have been taken by NHSBSA. It may be easier to download the statement as an Excel spreadsheet.

Header				
D000001	30/06/2023	67335.45		
0	0	69987.7	-2652.25	
Drugs				
Drugs (Dispensing)	Total	67335.45		
Paycode	Descripon	Source	£	
DRGD	Dispensing GPs - Cost of Drugs	COM	52719.36	
DRGDPF	Dispensing GPs - Professional Fees	COM	17268.34	
DRGPRX	Prescripon charges collected and remied by GPs - contra	COM	-2652.25	
Quarter Payment Date	01/07/2023			
Number of Forms	3313			
Number of Prescripons	7647			
Number of Items Referred Back/Disallowed	20			
Total Credits	Total	123775.04		
Paycode	Descripon	Source	Unit Cost	£
DRGD	Basic Prices	COM		48322.94
DRGDPF	Dispensing Fees	COM	228	3504.36
DRGDPF	Dispensing Fees	COM	244.1	1371.84
DRGDPF	Dispensing Fees	COM	222.6	6466.53
DRGDPF	Dispensing Fees	COM	224.2	5925.61
DRGD	VAT	COM		1556.86
DRGD	Advances for Prescripons	COM	9435	56626.9
Total Debits	Total	56439.59		
Paycode	Descripon	Source	Unit Cost	£
DRGD	Discount	COM	11.18	5402.49
	Advance No. Charges Item		286	0
	Amt Current Charge Rate		133	1283.45
	Amt Current Charge Rate		63	607.95
	Amt Current Charge Rate		53	511.45
	Amt Current Charge Rate		21	202.65
	Amt Prev Charge Rate		0	0
	Amt Prev Charge Rate		1	18.7
	Amt Prev Charge Rate		3	28.05
DRGD	Advance Recover for	COM		48384.85
DRGD	Previous Interim Amount	COM		0
777777 - DISPEX D				
GP Code	686957			
Employee PM				
Month of Claim	Apr-23			
CTP Payment Date	01/07/202			
Prescribing/Dispensing (P/D)	3 D			

Looking at this example:

All fields highlighted in yellow relate to the Month Prescription Charges were deemed to have been taken by NHSBSA.

The month which these items have been deducted from the Reimbursement is highlighted in Green – End of June/ Beginning of July.

The Advance number of Charges – highlighted in Blue are the number of Charges you declared you collected during the month of May. This figure is used to calculate the Advance. It can however also be used to reconcile the number of Prescription Charges actually taken against the number of Prescription Charges deemed to have been take (Amt Current Charge Rate and Amt Prev Charge Rate).

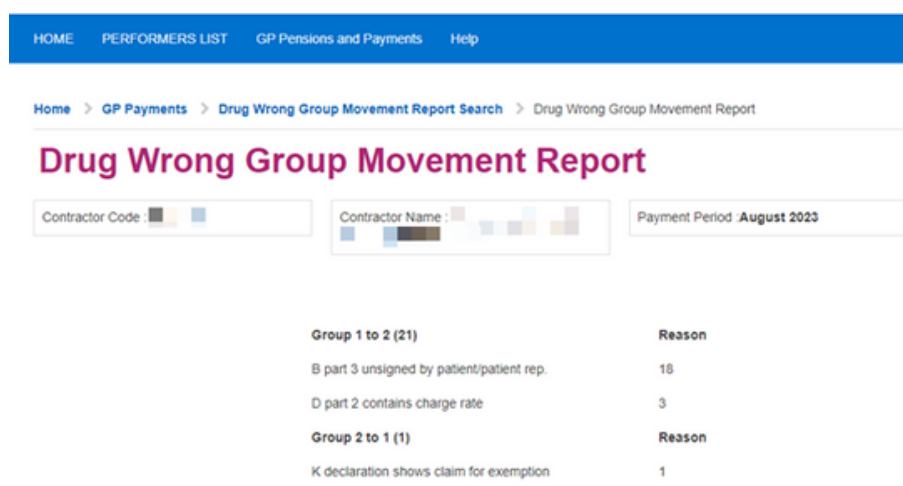
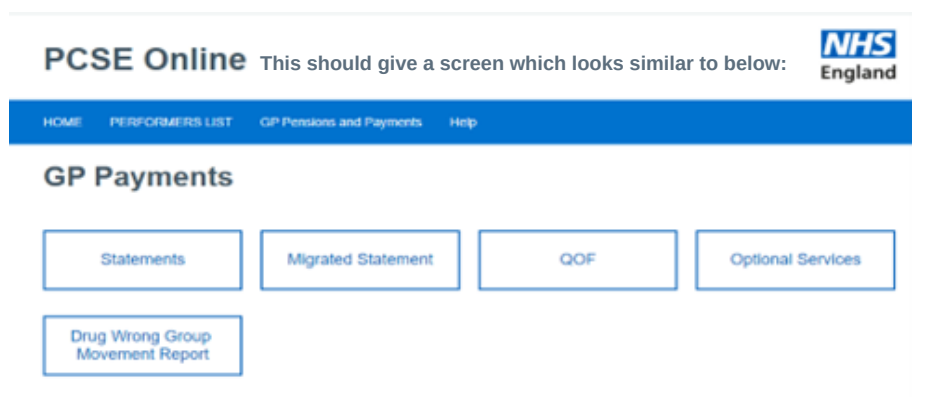
This Spreadsheet can be used to reconcile Prescription Charges and highlight any discrepancies quickly.

Continues on the next page

Month Prescription Charges Deemed to have been taken	Total No. of Charges Taken by NHSBSA	Total Charges Taken by NHSBSA in £	Month in which Charges Actually Taken by the practice	Total Number of Charges	Charges Actually Taken in £
Apr-23	274	£2,652.25	Apr-23		
May-23			May-23	286	£2,759.90
Jun-23			Jun-23		
Jul-23			Jul-23		
Aug-23			Aug-23		
Sep-23			Sep-23		
Oct-23			Oct-23		
Nov-23			Nov-23		
Dec-23			Dec-23		
Jan-24			Jan-24		
Feb-24			Feb-24		
Mar-24			Mar-24		
Apr-24			Apr-24		
May-24			May-24		

There may be many reasons why there are discrepancies between Charges Taken and Charges Deemed to be taken and Downloading the Wrong Movements from PCSE will help you see which way items have been moved ie. From Paid to Unpaid, or From Unpaid to Paid.

On the PCSE Online screen, click on the Drug Wrong Group Movement Report



Continues on the next page

Movement from Paid to Unpaid (Group 2 to 1):

The most common reason is Items which are deemed PAs by NHSBSA and should have no prescription charge.

Movement from Unpaid to Paid (Group 1 to 2):

This is the worrying movement as you can easily lose thousands of pounds a year.

The most common reason for this movement is the lack of a squiggle, valid signature, mark or indication AND tick in the appropriate boxes on the back of the prescription. If you have a tick and NO squiggle, signature/mark or indication (even a handwritten cross or squiggle will count) in the Patient or Representative signature box, all the relevant items will be moved to Paid. If you have a squiggle, signature, mark or indication but NO box is ticked (unless the patient is age exempt) then all relevant items will be moved to Paid.

Occasionally some prescriptions eg Combined HRT should have 2 Prescription charges taken and only one has been taken. A list of common items which have more than one prescription charge can be found in Part XVI of the Drug Tariff - Notes on Charges

When should I pay?
You must pay if none of the statements / specific exemptions listed apply to you on the day you were asked to pay. These are the only accepted reasons for not paying.

I'm not sure if I should pay
Pay and ask for a prescription refund form (FP57). You can't get one later. If you find you didn't need to pay, you can claim a refund up to 3 months later.

What if I don't pay when I should?
We check claims made for free prescriptions. If we can't confirm that you are entitled to exemption from prescription charges, you may be issued a Penalty Charge Notice and you may have to pay up to £100 as well as your prescription charge(s), and you could be prosecuted.

Can I get help to pay?
You could also save money by buying a prescription prepayment certificate, or a HRT only prescription prepayment certificate.

Is my exemption certificate still valid?
Visit www.nhsbsa.nhs.uk/exemption to see what help is available or ask at your GP surgery or pharmacy.

I am unable to collect my prescription
If you are unable to collect your prescription someone can do so on your behalf. Your representative should complete the 'If you paid' box and sign the form, or you or your representative should complete the 'If you didn't pay' box, and your representative should sign the form. Your representative will need to put a cross in the 'on behalf of patient' box next to their signature.

Why did the pharmacy ask to see evidence?
We need to check your exemption is valid. The NHS Business Services Authority is responsible for this service. We will use your information to check your exemption is valid, pay the dispenser and help plan and improve NHS services. Find out more at www.nhsbsa.nhs.uk/yourinformation

Report side effects - the Yellow Card scheme
Report suspected side effects to medicines and medical device incidents to the MHRA Yellow Card scheme: mhra.gov.uk/yellowcard

FP10SS0522 Enter amount paid and sign below £

If you paid Mark a line in one box and sign below

If you didn't pay Mark a line in one box and sign below

A ☐ is 60 years of age or over or is under 16 years of age (unless your date of birth is printed on the form)

B ☐ is 16, 17 or 18 and in full time education

D ☐ Maternity exemption certificate

E ☐ Medical exemption certificate

F ☐ Prescription prepayment certificate

W ☐ HRT only prescription prepayment certificate

G ☐ Ministry of Defence exemption certificate

L ☐ HC2 (full help) certificate

H ☐ Income Support or Income-related Employment and Support Allowance

K ☐ Income-based Jobseeker's Allowance

M ☐ Tax Credit exemption certificate

S ☐ Pension Credit Guarantee Credit (including partners)

U ☐ Universal Credit and meets the criteria. Find out more at www.nhsbsa.nhs.uk/UC

Read the declaration and sign the form
The information I have given is correct and complete and I confirm proper entitlement to exemption.

I understand that if I falsely claim, I may be issued a Penalty Charge Notice, and I may have to pay up to £100 - as well as my prescription charge(s).

I understand the NHS Business Services Authority may use and share my information within the NHS and with relevant Government bodies to check for fraud and mistakes. Find out more at: www.nhsbsa.nhs.uk/yourinformation

Signature Date On behalf of patient ☐

SIGNATURE OF COLLECTOR OF SCHEDULE 2 & 3 CDs PHARMACY USE ONLY EVIDENCE NOT SEEN ☐

NHSBSA AUTOMATICALLY IGNORE THE BACK OF THE SCRIPT FOR THE FOLLOWING:

- AGE EXEMPTION < 16 or > 60

NHSBSA AUTOMATICALLY ASSUME YOU SHOULD NOT HAVE COLLECTED THE PRESCRIPTION CHARGE ON THE FOLLOWING:

- PERSONALLY ADMINISTERED ITEMS
- FREE OF CHARGE CONTRACEPTION

ALL THE REST NEED EITHER A CHARGE RATE ADDED, IF A CHARGE HAS BEEN COLLECTED, OR ONE OF THE BOXES TICKED AND A SQUIGGLE IN THE SIGNATURE BOX

If

NO BOX TICKED

OR

NO SQUIGGLE IN SIGNATURE BOX

Then:

NHSBSA ASSUME CHARGE TAKEN AND REDUCE REIMBURSEMENT ACCORDINGLY

Next time we will look at Understanding the months to which reimbursement and remuneration apply.

Benchmark your Dispensing



An average practice with 2,500 dispensing patients, that dispenses 66,000 items per year, with a 30% actual gross dispensing profit* will on average make **£53.30** profit per dispensing patient.

However, an average Dispex member (as above) could potentially be making **£69.29** profit per dispensing patient, when utilising all the information from the Dispex website and ordering via Dispex's preferred providers!

*Actual Gross Dispensing Profit as a % (your accountant should be able to provide this).
Based on average NHS Dispensing Doctor reimbursement per item 2021/22.

HOW DO YOU COMPARE?

Drug Supply Update Page

Dispex provides primary care focused updates on drug supply issues. Data is taken from the **SPS website** on a weekly basis. Dispex members can login [here](#) to see the updated list in full.

With shortages continuing into the foreseeable future, please ensure you are managing your owings process in accordance with a robust dispensary SOP. Members can **login** to our website and download our “**Dispex Owing SOP**” (P8). You must personalise the template SOP for your own dispensary!!

Supply Update 29th September 2023

Published: 29 Sep 2023

Medicine	Status	Anticipated re-supply date	Last updated
Alteplase (Actilyse) 10mg, 20mg and 50mg powder and solvent for solution for injection and infusion vials	Supply returning	–	Apr 6, 2023
Bleomycin 15,000unit powder for solution for injection vials	Supply returning	–	Aug 16, 2023
Clarithromycin 125mg/5ml and 250mg/5ml oral suspension	Supply returning	Sep 29, 2023	Jul 24, 2023

DISPEX

OWING BOOKS

Dispensary owing book, for use when a prescription has been partly completed. The dispensary copy can either be attached to the prescription or left in the bound book.



- Perforated duplicate pages
- 50 pages per book
- Numbered pages
- Member discount applies
- Size 210mm x 99mm-

PRICES:- 2 Books: M £7 NM £12 6 Books: M £18 NM £24 10 Books : M £26 NM £35

Prices are **PLUS VAT**. Postage:£6.25+vat per delivery on items up to 2kg, for full delivery T&Cs please click [here](#).

**Order
Methods**



01604 859000 (10am-1pm)



sales@dispex.net



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 provides a comprehensive Leadership & Management package, which can be financed through your PCN.

Dispex 7 Course Package:

- 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 (PCN fund is available)

Prices are per learner & inc of VAT. Click [here](#) for full information & course descriptions.

Safety warnings to be provided to all patients with every valproate-containing medicine they receive under new law

Source: MHRA, DHSC, and **Maria Caulfield MP**

Patients to receive the latest valproate safety information with every pack, following changes to the Human Medicines Regulations, 2012.

Valproate-containing medicines will be dispensed in the manufacturer's original full pack, following changes in regulations coming into effect on Wednesday, 11 October 2023. The Medicines and Healthcare products Regulatory Agency (MHRA) has today published **new guidance for dispensers** to support this change.

Following a government consultation, this change to legislation has been made to ensure that patients always receive specific safety warnings and pictograms, including a patient card and the Patient Information Leaflet, which are contained in the manufacturer's original full pack. These materials form a key part of the safety messaging and alert patients to the risks to the unborn baby if valproate-containing medicines are used in pregnancy. The changes follow a consultation on original pack dispensing and supply of medicines containing sodium valproate led by the Department of Health and Social Care (DHSC), in which there was overwhelming support for the introduction of the new measures, to further support safety of valproate-containing medicines.

A large majority of respondents to the consultation-85% - agreed or strongly agreed with the requirement that the full-pack dispensing of medicines containing valproate in the manufacturer's original pack will ensure patients always receive the safety information supplied on the label and in the Patient Information Leaflet.

Further information

- For more information about the risks of valproate-containing medicines in pregnancy see the MHRA's **Valproate use in women and girls page**.
- Guidance has been published and is available **here**
- Original Pack Dispensing legislation relates to all medicines. This MHRA guidance relates to valproate-containing medicines only. Further guidance on wider amendments for dispensing of original packs is being brought in after discussion between DHSC and appropriate community pharmacy representative bodies on how the arrangements will apply.
- Anyone experiencing any side effects from their medicine can report these to the MHRA, using the **Yellow Card scheme**.

Click **here** for the source.

New digital and online services requirements – What it means for practices

Source: Practice Index

The **NHS Long Term Plan**, published in January 2019, commits to every patient having the right to be offered digital-first primary care by 2023/24. The various commitments that make up this plan have been introduced gradually every year through the GP Contract since 2019/20, which means GP practices should, among other new requirements, now offer an up-to-date online presence and an NHS GP profile page and provide all patients with online access to their GP medical record.

Currently, front and centre of NHS England's activity is a drive for all practices to offer every patient in England access to a digital-first primary care offer. In short, this means practices are required to "offer and promote" to their patients (and those acting on their behalf) the following:

- An online consultation tool
- A video consultation tool
- A secure electronic communication method
- An online facility to provide and update personal or contact information

Click **here** to read in full.

MHRA warns of unsafe fake weight loss pens

Source: MHRA/Gov.uk

Fake, potentially harmful Ozempic and Saxenda pens have been found in the UK: you should only access weight loss medicines via a medical prescription.

The MHRA has seized 369 potentially fake Ozempic pens since January 2023, and has also received reports of fake Saxenda pens that have been obtained by members of the public in the UK through non-legitimate routes (any route that does not require a prescription from a qualified prescribing healthcare professional). None were seized before January 2023.

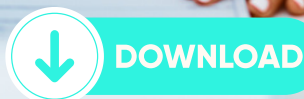
Find out more

Example photo of a fake and genuine Novo Nordisk Ozempic pen (PDF, 31.8 KB, 1 page)

Click **here** to read in full.



The Electronic CD Register NEW USER GUIDE



FREE account for members

WEBINAR

DispexCD

Free Events



THURSDAY

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.



dispex.net/training



training@dispex.net



BOOK NOW

AUTUMN TUTORIALS

We understand how busy your dispensary can be, especially during this time of the year. 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.

Time: 1pm-2pm

(unless otherwise indicated)

Delegate Prices:

Members: £45+vat pp/ps

Non: £60+vat pp/ps



dispex.net/training



training@dispex.net

November

- 8th Nov- DSQS Guidance
- 8th Nov- Profitability PA & VAT (11am)
- 15th Nov- Controlled Drugs Part 1
- 16th Nov- DispexCD Webinar (Free)
- 22nd Nov- SOPs
- 23rd Nov- NHSBSA Webinar (Free)
- 30th Nov- Drug Tariff & Endorsing

December

- 6th Dec- PDM – Processes & Staff (11am)
- 7th Dec- NHSBSA Webinar (Free)

2024 Schedule COMING SOON





HMRC guidance on the tax fallout from the McCloud judgement

The McCloud judgement on a compensation remedy for changes made to the NHS pension scheme created a complex tax problem for HMRC, members and their advisers to resolve. HMRC has recently issued guidance on reporting the correction of pension growth for annual allowance tax charges to help sort out the tax adjustments needed.

If you were a member of the new scheme (the 2015 NHS Pension Scheme), before April 2022 and you were previously in a legacy scheme i.e., 1995 NHS Pension Scheme or 2008 NHS Pension Scheme you will be affected by the public service pensions remedy.

All benefits that you built up during the seven-year period from 1 April 2015 to 31 March 2022 in the new scheme form your 'remedy period'. Your remedy period will be recalculated as if you were a member of your legacy scheme for the full remedy period. This means that your 'pension input' amount for tax purposes will change for any year that you were a member of the new scheme. This may result in a change in your annual allowance tax charge.

Members will receive a re-calculated statement of pension growth for annual allowance purposes. You will see a tax impact if you previously incurred an annual allowance tax charge for any of the tax years 2015/16 – 2021/22 and you were a member of the 2015 NHS Pension Scheme.

The exact timeframe for receiving your re-calculation is not yet known but is estimated to be available from October 2024.

When members finally receive their re-calculation of pension growth for annual allowance purposes, they must report final tax charges to HM Revenue & Customs (HMRC). All changes to tax charges as a result of the remedy period must be reported using the HMRC digital service and not via an adjustment to self-assessment tax returns.

If members have additional tax charges, they can either ask the scheme to pay the tax charge or pay the tax charge personally. There are associated deadlines with submission of scheme pays elections.

If the re-calculation of members pension growth shows a reduced figure, members will be due a refund if they had previously incurred a tax charge. If a member's decreased tax charge is from 6 April 2019 and 5 April 2023 HMRC will issue each member a direct refund. If members used the scheme pays facility to pay the relevant annual allowance charge, the pension fund will contact HMRC for the refund.

For more information
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If there is a decrease in the calculated pension growth figure resulting in a tax refund for the period 6 April 2015 to 5 April 2019, the scheme will contact members to arrange a refund. If the scheme pays facility was used during this period, the scheme will compensate you by adjusting your benefits.

The above rules only relate to reporting of tax charges in respect of the remedy period. If you require assistance with the reporting of tax charges for earlier years, or any other issue related to taxes on your pension, please contact us.

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BUSINESS & ADMIN COURSES

The Dispex Education platform also offers business and administrative related courses! Each course is only **£40** inc vat per person!



- Planning and Allocating Work
- Performance Management
- Discipline in the Workplace
- Stress Management
- Induction of New Staff
- Leading and Motivating a Team
- Organising and Delegating
- Solving Problems and Making Decisions
- Understanding Leadership
- DSE Risk Assessment
- Manual Handling Safety at Work
- Prevention and Control of Infection
- COSHH Risk Assessment
- Fire Safety Principle

ENROL NOW



Bad News for Dispensing Practices

The latest Dispensing Fee Scale published on 2nd October has come as a viscous blow to dispensaries as they struggle to ensure their viability. It seems as if dispensaries are being attacked from all sides. We have the punitive Generics Costing more than Tariff and the supply issues causing huge workload burdens and increased stress to both patients and dispensers. On top of that many discounts are reducing or disappearing all together.

Trying to understand the yo-yoing of the dispensing fees is not easy. There is apparently a set pool of money which goes towards dispensing fees for All doctors – this includes dispensing fees for flu jabs administered by our non-dispensing colleagues. This set amount does indeed get an annual inflationary uplift, with this year's uplift being 4.5%. I am not sure whose inflationary figures this was based upon, but with other inflationary measures recognising significantly higher figures, this represents a net decrease in income. On top of that, using a complex set of statistics, this year's dispensing fee is based upon number of dispensed items averaged out of several years. If the number of items together with the dispensing fee related to those items is in excess of the fixed sum made available for that period of time, an adjustment takes place to recoup the overspend. Not surprisingly, during the beginnings of Covid there was an increase in dispensed items. On top of that we have seen an increase in flu jabs given as the 50–64-year-olds were eligible. This will have skewed the dispensing item figure for that period of time and dispensing practices are now suffering the consequences of something totally out of their control.

The DDA have long been advocating for a fairer system to try to avoid the huge swings in dispensing fees. The GPC negotiates on behalf of all GPs and have not yet been able to persuade NHSE and the DHSC to consider less volatile options for funding dispensing services.

We have seen Boots and Lloyds closing pharmacies and many other pharmacies are reporting big drops in their operating profits. We all know that dispensing subsidises the rest of the practice and should practices not be able to ensure the viability of their dispensaries this is sure to have a direct impact on the services provided by those practices and many of them will indeed be considering handing their contracts back. It has been shown that when practices hand their contracts back, it costs the NHS a significant amount more to provide those services. Whilst many dispensing practices will be struggling,

Dispex has many tools available via our website and training to assist you in reducing your losses. Why not check out our **Brand Comparisons**, **Generics Costing More Than Tariff**, **Positive Pls** as well as our cost saving **Informatics** section.

Assessment of Combination Long Acting Beta Agonists (LABAs) and Inhaled Corticosteroids (ICS) Part 2

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 CO₂e per dose
- pMDIs (two puffs): 500 g CO₂e 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.

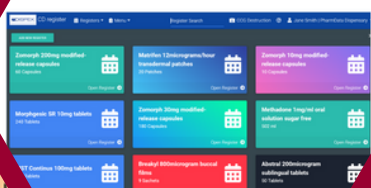
Most LABA Plus ICS products are available as both MDIs and DPIs. Dispex has assessed the impact on profitability of all these inhalers and this information can be accessed via the **Brand Comparisons** section of the Dispex website which is a Members' only resource. The profitability comparisons include 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. Click [here](#) to read in full.



Dispensing and the drive for environmental sustainability



DISPEXCD



Schedule 2 Controlled Drugs
Patient Return

Schedule 2 Controlled Drugs

Name and Address of Premises

Schedule 2 Controlled Drugs
Doctor's Bag Register

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 - prices start at £11+vat



DENATURING JARS

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

Member discount applies - prices start at £9.28+vat



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 - prices start at £45+vat



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Calendar of national campaigns

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



NOVEMBER

November - Men's Health Awareness Month

November

November UK

Mental health in the workplace

National Stress Awareness Day

2 November

National Stress Awareness Day

Interfaith Week

12-19 November 2023

Interfaith Week

SPECIAL DATES:

- 5th Nov-Bonfire Night
- 12th Nov-Diwali



DECEMBER

World Aids Day

1 December

World Aids Day

16 Days of Action Against Domestic Violence

25 November - 10 December 2023

16 Days of Action

Domestic violence

SPECIAL DATES:

- 25th Dec-Christmas Day
- 26th Dec-Boxing Day

2023 Free NHSBSA & Dispex Webinars



•LIVE•

WEBINAR

FREE - 12PM 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.

- 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.

- 23rd November

BOOK NOW



DISPEX ANSWERS

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

Q: We currently order Zoladex through the dispensary to administer to patients, but we now have new patients on Prolia, Prostag and Decapeptyl. Will our dispensary lose money if we order these in? Or would it be better to issue a prescription to the patient and get them to bring it to the appointment?

A: If you obtain a discount on all these products you will make a profit on them and they should not be sent to a pharmacy- click [here](#) for the full answer. If you have a look at the **Brand comparison** section of the Dispex website, you will see how much profit you could make.



Here to HELP

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



enquiries@dispex.net



01604 859000 (10am-1pm)



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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

