

DDG Gazette

YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues



Utilise your wider team



We trust that you had the opportunity to relax and recharge during the Christmas holidays. As we leave the break behind and embrace the New Year, dispensing practices are likely to face another year of challenges. For starters, Category M is causing misery again, please see page 4 for details.

The success of your dispensary plays a pivotal role in the survival of your practice. Given the value of dispensing time, have you considered delegating the responsibility of **double-checking** patient signatures, endorsements and reimbursement submissions to your Prescription Clerks or proficient Receptionist?

According to the NHSBSA -95% of switched items are due to NO signatures!

This delegation could provide dispensers with smoother periods for dispensing and patient interactions, while also ensuring the dispensary can rightfully claim its full entitlements without encountering any switched items or refer backs. Utilise your wider team and ensure you capitalise on all your entitlements!

If contemplating delegating or if you have already delegated these responsibilities to your Clerks or Receptionists ensure their knowledge is current, and that they operate within their capabilities. You may wish to consider enrolling your broader team on our courses such as, *Training for Prescription Clerks in Primary Care*, *The Drug Tariff & Endorsing*, the NHSBSA's free webinars, or the *Dispensing for New Dispensers and Apprentices* course. While the latter course does not grant an NVQ2 qualification, it provides valuable insights for those getting to know your dispensary. It can also run alongside undertaking of an NVQ2 qualification, for those training to become a dispenser.

Maximise the potential of your wider team and support their growth and development.

Best Wishes,

Claudy Rodhouse

Dispex Design and Editorial Contributor

The Dispensary Gazette

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What's inside	Page
2024 Dispex Tutorials	3
Category M	4
Endorsing Reminder	5
Understanding Prescription Charges- Part 3	8
Controlled Drugs Management	9
Drug Supply Issues	10
Buprenorphine Patches	11
Training Funding	14
December Recap	15
Dispex Answers	17

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-197868

PRESCRIBING INFORMATION

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

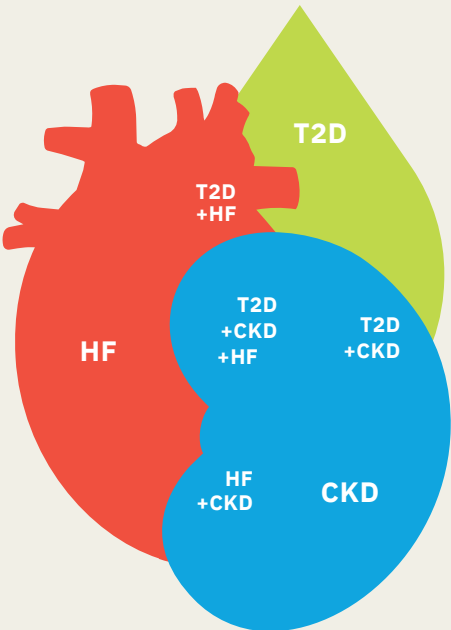
Consult Summary of Product Characteristics (SmPC) before prescribing.

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 patient's. 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](#)



LUNCHTIME Tutorials

We recognise the demands on your dispensary's time, yet we also acknowledge the essential need for everyone to fulfill their training requirements for DSQS and professional growth. As a result, we are committed to maintaining our **LIVE** one hour tutor-led tutorials to accommodate your busy schedules.

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

Delegate Prices:

Members: £50+vat pp/ps

Non: £75+vat pp/ps

W= Free webinar

 dispex.net/training

 training@dispex.net

January 2024

17th Jan- DSQS Guidance

25th Jan- NHSBSA Batch & Switching (W)

February 2024

7th Feb- Controlled Drugs Part 1

15th Feb -NHSBSA Endorsing inc Referred Backs (W)

28th Feb-Drug Tariff & Endorsing

29th Feb -DispexCD (W)

March 2024

13th Mar- Controlled Drugs Part 2

14th Mar-NHSBSA Batch & Switching (W)

20th Mar- Controlled Drugs Part 1

DSQS Guidance:

This session will provide an understanding of the requirements to participate successfully in the Scheme and is beneficial to the whole dispensary team. As DSQS guidelines state it is "dispensing services" therefore, the team should be completing as much as possible, with clinical information and support from the dispensary lead GP. You will then be confident in applying the knowledge learned, to complete the undertaking of DSQS.

Controlled Drugs Part 1:

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

BOOK HERE



Category M Updates

Quarter 4 - January 2024

The latest category M shows yet another slashing of prices and will inflict further pain on dispensing practices. There are still 661 product lines in Category M, with 6 having been removed and 6 added.

There are 424 products whose price has DECREASED and 207 products whose prices have Increased. No wonder there are so many Concession price changes each month.

Category M products to look out for – ensure that you check your generic acquisition costs. We expect pressure from ICBs to change patients to these cheaper generics. Members can click [here](#) to view our tables.

Further Support

Dispex is committed to supporting its members in navigating the complexities of Category M, Concessions, and other aspects of prescribing and dispensing. As the pharmaceutical landscape continues to evolve, Dispex will reliably offer guidance and resources to help you remain profitable. We provide a range of support channels to cater to the needs of our members. Our support channels are easily accessible, ensuring that healthcare professionals can obtain assistance whenever required.

- **Online Support:** The Dispex **website** serves as an comprehensive online hub for members to access information and resources. The platform is where NHS professionals can find relevant materials, including downloadable SOPs, awareness posters, quick links, Informatic pages, profitability and drug update tables– stay updated on the latest developments in prescribing and dispensing practices.
- **Dispex Answers Page:** In addition to the online profitability tools, the Dispex website offers a FAQ resource in the form of the **Dispex Answers page**. This page serves as a repository of expert responses to common questions related to prescribing and dispensing. By quoting relevant regulations, the experts at Dispex provide clarity on frequently encountered queries. We regularly add to the Answers page with new questions and responses to keep members well-informed.
- **Email Support:** Dispex members can also seek support through email. The dedicated email addresses; enquiries@dispex.net, sales@dispex.net and training@dispex.net– cater to specific needs, ensuring enquiries are directed to the right department for efficient resolution.
- **Telephone Support:** Members can reach Dispex's support team by calling the helpline at 01604 859000 between 10 am and 1 pm. This direct line of communication allows for real-time assistance, addressing queries promptly.





ENDORISING REMINDER



Please note **Hypromellose eye drops** are back in **Part IXA** of the Drug Tariff!!
Best practice ENDORSE:

✓ **Supplier** ✓ **Price** ✓ **Pack**

Please endorse **SOMETHING!**

Further endorsing resources:

- FREE SOP; Preparation & Submission of FP34D Monthly Returns to NHSBSA (QC10)- members' can login [here](#).
- FREE NHSBSA & Dispex sessions- see page 3.
- 1 hour Dispex Drug Tariff & Endorsing **tutorials** member discount applies- click [here](#).

Dispex members can also login to view our **Brand Comparison** page for Ocular Lubricants – Hypromellose.

There are many variables to consider when choosing suitable ocular lubricants, including patient preference, ease of use, strength, preservative free or not, unit dose or dropper bottle, as well as price and profitability. The online table comparison should help you in that choice.

DISPEX Top Tips:..... gives the best profit!
Login to find out!

2024

Free NHSBSA & Dispex Webinars

We are pleased to continue our partnership with the NHSBSA, supporting dispensing practices with endorsing, batch submission, switching and managing referred backs.



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.

25th January & 14th March

[BOOK HERE](#)

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.

15th February & 25th April

[BOOK HERE](#)

Dispensing Endorsement Guidance – Increase your efficiency – endorse only when required

There are a very limited number of circumstances when dispensing endorsements are required. These are detailed in the Drug Tariff. To ensure your payments are calculated using the price of the correct pack size, you should add a dispensing endorsement as listed **ONLY** in the following circumstances:

Prescribed product	Dispensing endorsements	
	Manufacturer or supplier	Pack size
Generic medicines listed in Part VIII A or Part VIII B of the Drug Tariff and proprietary or branded medicines and medical devices & appliances listed in Part IX of the Drug Tariff	Not required	Not required unless more than one pack size is listed in the Drug Tariff (Part VIII A or Part IX) or more than one pack size is listed in the DM+D
Generic medicines NOT listed in Part VIII A or Part VIII B of the Drug Tariff	Required	Not required unless more than one pack size is listed in the manufacturer catalogue

The only situation in which a dispensing endorsement of manufacturer, supplier and/or price is required is if a generic medicine not listed in Part VIII A or Part VIII B of the Drug Tariff (or DM+D) is prescribed, or a generic medicine does not have a price in the Dictionary of Medicines and Devices (DM+D).

In the limited number of circumstances in which you do need to add a dispensing endorsement to the prescription form, please write or print it in the designated column to the left-hand side of the form. Any endorsements outside this area will mean that the NHSBSA scanning equipment will be unable to read the prescription details correctly and they will have to manually correct the scanned image.

It is important that if a doctor wants a patient to receive a medicine produced by a specific manufacturer, whether this is a proprietary medicine or a generic medicine, that this is specified at the time of prescribing, and any changes that are made to the body of the prescription are initialled by the prescriber. In addition to meeting the patient’s requirement this also ensures that you are reimbursed correctly.

Remember: Please don’t add unnecessary dispensing endorsements

MEMBERS'
DISCOUNT



PRESCRIPTION CLERK TRAINING

This course is aimed at both new and experienced Prescription Clerks as well as Receptionists who occasionally process repeat prescription requests and is CPD Certified.

This auto-marked programme will give you the information and understanding needed to be an integral part of the primary care team.


*Suitable for Dispensing
& Prescribing only sites*



ENROL HERE



Member
Price: £60
Inc VAT pp



Understanding Prescription Charges

PART 3

In this article on the PCSE Drug Statements we will be dealing with Understanding Advance and Advance Recovery. It may be easier to download the statement from the PCSE Online portal as an Excel or CSV file.

Header				
D000001	30/06/2023	67335.45		
0	0	69987.7	-2652.25	
Drugs				
Drugs (Dispensing)	Total	67335.45		
Paycode	Description	Source	£	
DRGD	Dispensing GPs - Cost of Drugs	COM	52719.36	
DRGDPF	Dispensing GPs - Professional Fees	COM	17268.34	
DRGPRX	Prescription 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	Description	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 Prescriptions	COM	9435	56626.9
Total Debits	Total	56439.59		
Paycode	Description	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	01/07/2023			
Prescribing/Dispensing (P/D)	D			

Using the provided example, Payments made at the end of June 23, relating to Prescriptions processed during April 23 and sent to NHSBSA at the beginning of May 23, you can see the **Advance for Prescriptions** in the Credit section and the **Advance Recover for** in the Debit section.

The **Advance for Prescriptions** is paid in the month of the statement – in this case at the end of June 23.

The Calculation for the Advance is complex and is as follows:

The previous Month's Basic Price PLUS Dispensing Fees PLUS VAT Equivalent MINUS Discount (Clawback) - March 23's figures.

This Total is the divided by the Number of Prescriptions counted (not Declared) for March 23. This gives an Average Cost per Item (in pounds and pence). The average cost per Item (for March 23) is then multiplied by the Number of Items Declared for April 23 - **9435**

The Total is then multiplied by 80%.

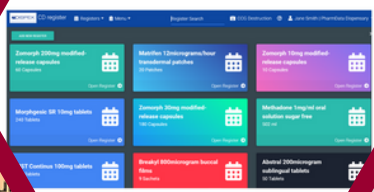
From this the Value of the Declared Charges (for April 23) is subtracted – in this case **286** x £9.65 (£2759.90)

The following month's Statement (end of July 23) will take the June 23's **Advance** and **Recover** the exact amount within the Debit section. If you have a month with a late submission of your scripts to NHSBSA, they will assume you had ZERO prescriptions declared and you will therefore get NO Advance for that month. Please note that your prescription submission MUST reach NHSBSA BY the 5th of the month! This can cause a huge cash flow issue.

Next month we will look at Referred Back Items and Disallowed Items.



DISPEXCD



A ONE STOP SHOP Controlled Drug Management

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



PAPER REGISTERS

Our A4 size registers, Dr' 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 £50+vat**



Drug Supply Updates

DISPEX
MEMBER LOGIN

Data is taken from the SPS website

Using data from the SPS website, Dispex provides primary care focused updates on drug supply issues.

The tables is separated into three categories, each category is in alphabetical order.

- **Unavailable**
- **Supply returning**
- **Discontinued**

We remove resolved items.

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. Dispex members can **login** to our website and download our "Dispex Owing SOP" (P8). Each SOP template must be personalised for your own dispensary!!

OWING BOOKS

We can also help you to professionally process your owings with our bespoke dispensing owing books. Designed and produced by Dispex in the same format and standard as our other publications, these convenient Dispensary Owing Books are used when a prescription has been partly completed – the dispensary copy can either be attached to the fulfilled 'owed' prescription or left in the bound books. This ensures an accurate and more efficient record management system is in place for patients medication.



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

Prices:

2 books
DISOB221x2 £7 Members £12 Non-members

6 books
DISOB221x6 £18 Members £24 Non-members

10 books
DISOB221x10 £26 Members £35 Non-members

All prices are exclusive of vat

*Standard Delivery Fee via Royal Mail: £6.25+vat per delivery on items up to 2kg.
For full delivery T&Cs visit dispex.net/standard-delivery-fee*

Order Methods

📞 01604 859000 (10am-1pm)

✉️ sales@dispex.net

Rationalising which patches to prescribe and dispense

Buprenorphine patches come in different strengths and not all manufacturers produce all strengths. Some manufacturers provide dispensing doctor discounts.

The 37,4mcg, 52mcg and 70mcg patches all come in packs of 4 and there are 5 brands available. In 2022/23 alone 98,000 prescriptions for 736,000 patches were issued for these strength Buprenorphine patches.

The following brands are available – Bupeaze, Carlosafine, Hapoctasin, Relevtec and Transtec and they all offer the 3 strengths.

To complicate matters, for product specific discounts, AAH only offer discounts on Bupeaze. Alliance offers no discounts and PSUK offer discounts on all Bupeaze and Relvetec.

Most brands will provide a much greater profit if prescribed generically and a discounted brand is dispensed. To see the profitability of all the brands and strengths, please go to the **Brand Comparison** Members' only section of the Dispex website.

Brand	Manufacturer	Strength	Brand Price
Bupeaze	Dr Reddys	35	9.47
Carlosafine	Glenmark	35	9.48
Hapoctasin	Accord	35	9.48
Relevtec	Sandoz	35	11.06
Transtec	Grunenthal	35	15.80
Bupeaze	Dr Reddys	52.5	13.99
Carlosafine	Glenmark	52.5	14.23
Hapoctasin	Accord	52.5	14.23
Relevtec	Sandoz	52.5	16.60
Transtec	Grunenthal	52.5	23.71
Bupeaze	Dr Reddys	70	17.99
Carlosafine	Glenmark	70	18.96
Hapoctasin	Accord	70	18.96
Relevtec	Sandoz	70	22.12
Transtec	Grunenthal	70	31.60

Information supplied by Hexagon6©





Improving Dispensing Profitability

Amidst ongoing challenges and pressures, there are several straightforward measures to enhance your dispensary's profitability! Dispex members who fully utilise the benefits of their membership package, including access to a comprehensive suite of online profitability tools and training, may discover they do not need to implement as many cost-cutting measures as other dispensing sites.

How to improve your profitability:

Ensure the accuracy of your PA's and VAT claims:

If you need assistance to make the correct claims, then take a look at our comprehensive learner led course PA's & VAT. Members are entitled to discounted places, plus training funding should be available from your local Training Hub.

Get your submissions right the first time: Each month ensure your endorsements, switched items and batch submissions are accurate, in order to receive the correct reimbursement for the products you dispense and the correct remuneration for the services you provide.

Dispex has teamed up with the NHSBSA to provide FREE lunchtime webinars to help in this area. Our webinars are hosted by Mark Gibbon, an NHSBSA Pharmaceutical Technical Analyst, and he allows plenty of time for questions.

Generics costing more than tariff: Each month over 140 generics, as priced in the Drug Tariff or DM+D, are priced at a lower price than the purchase price. When you take the clawback into account, this jumps up to nearer 250 generics. In order to reduce losses on the Generics

Costing More Than Tariff, the dispensers can change the script to a generic brand or generic manufacturer (don't forget the doctor will need to initial the change).

Each month we update our table that highlights commonly dispensed generics which will make dispensing practices a loss, as the best purchase price (from our preferred provider's price list) is more expensive than the reimbursement basic price.

The options available to you are:

- Do nothing – and absorb the loss.
- CHANGE the script by adding the generic manufacturer supplied (full guidance is available online for members).
- Do NOT change the script if the manufacturer's price is less than the tariff.
- Do NOT change the script if there is no manufacturer's price and the purchase price is less than the tariff price.

Members can **login** to view the table and our **How to Change Scripts** guidance is also available **online**.

Brand Comparison: We compare brands in the same classes of drug, assuming the same clinical efficacy. The comparisons show the NHS cost and the difference in profitability taking into account wholesalers discount (reduced and full) and manufacturers' discount schemes (MDS). Discounts are offered and some disappear, often without notice.

Continues on the next page

Positive Parallel Imports (PI's): We have had a deep dive into the profitability and pitfalls of Parallel Imports (PI's). We provide a list of Positive PI's, which are more cost effective than UK brands. There are many Negative PI's, which will decrease profitability if you use them instead of UK brands. Members can login to keep up to date.

Manufacturers Discount Updates: We update members with the latest discounts offered by manufacturers and highlight any discounts withdrawn. We analyse the impact of these changes on individual brand profitability. Members can **login** to keep up to date.

Sign up annually to the Dispensary Services Quality Scheme (DSQS): The scheme not only supports the maintenance of top-quality services for your dispensing patients, but it also provides rewards to practices for their commitment to excellence. Payment is based on the number of dispensing patients on your organisation's list on 1st January in the financial year to which the payment relates. The payment is £2.58 per dispensing patient per financial year, so depending on your list size, it is a potentially valuable source of income and often supports other services within the practice. There are a few key quality requirements of the Scheme, including competency assessments and training requirements, which Dispex can assist you with! Need help getting started with DSQS or need a recap? Then consider attending our DSQS Zoom tutorial.

Training Opportunities: In these extraordinary times, retaining staff can pose a monthly challenge. One effective approach to maintain employee loyalty may involve providing them with opportunities for professional development with the potential for advancement to higher roles and pay grades in the future. Dispex offers many forms of training including tutorials, online learner led courses and in-house training. Don't forget training funding should be available from your local Training Hub, as well as leadership and management training funding from your PCN. Click **here** for details.

Even the little things add up: Are you securing the most favourable deals for your consumable supplies, including denaturing kits, owing books, dosette trays, bottles, cartons bags, stationery, controlled drug registers? While these may be lower-cost items

individually, their cumulative expenses can be significant. Dispex offers competitive pricing to non-members and extends even more substantial discounts to our members on controlled drug registers, denaturing kits, owing books and free delivery on dosette tray orders.

We trust that our member services and guidance will help alleviate some of the financial stress on your practice, If you have mislaid your website login or are looking to join Dispex please email us at enquiries@dispex.net

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NEW TO PRACTICE
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Utilise Your
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[CLICK HERE](#)
£450 inc VAT
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training@dispex.net
dispex.net
01604 859000 (10am-1pm)

[Click here for details](#)



The Electronic CD Register
NEW USER GUIDE

DISPEXCD

DispexCD not only enhances your Controlled Drug recording and management process, but it comes at NO additional cost to our **members**, no hidden fees, no contracts, and no obligations. Non-members are entitled to a free 3-month trial, discover the benefits of a simple and secure method for electronically recording and monitoring your controlled drugs!

For further information please visit our **website** where you can find our **Demo Page, New User Guide, FAQs** and **SOPs**.



FREE account for members

Train with
 DISPEX



IF YOU DON'T USE IT, YOU LOSE IT

Are you aware that the 2023/24 **PCN DES Contract specification** has allocated funding for leadership and management training? Claim yours before the **31st March** deadline!!!

CLICK HERE

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



Dispensing and the drive for environmental sustainability

Assessment of Combination Long-Acting Beta Agonists (LABAs) and Inhaled Corticosteroids (ICS) Part 4

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.

Understanding Prescription Charges PART 2



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.

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

Rationalising which patches to prescribe and dispense - Part 1

Buprenorphine patches come in different strengths and not all manufacturers produce all strengths. Many manufacturers provide dispensing doctor discounts, but only Aspire provide a discount via all main wholesalers. When choosing a brand to dispense it is important to check that your wholesaler offers a dispensing doctor discount. If not, order it from one of the other wholesalers.

The 5, 10, 15 and 20mcg patches all come in packs of 4 and there are 7 brands available. In 2021/22 alone 2,3 million prescriptions for 9,2 million patches were issued for these strength Buprenorphine patches.

The following brands offer all 4 strengths – Butec, BuTrans, Reletrans and Sevodyne. Bunov, Pantitaz and Rebrikel do not offer the 15mcg strength.

To complicate matters, AAH only offer discounts on Panitaz, Rebrikel and Sevodyne. Alliance offers discounts on Bunov and Sevodyne. PSUK offer discounts on all brands.

Most brands will provide a much greater profit if prescribed generically and a discounted brand is dispensed. To see the profitability of all the brands and strengths, please go to the **brand Comparison** members' only section of the Dispex website.

Smokers encouraged to quit this new year for their health

Source: DHSC 28.12.23

The NHS is launching a brand new smokefree campaign to encourage all 5.3 million smokers in England to make a quit attempt this January. In a hard-hitting **campaign film released today**, former England goalkeeper and ex-smoker David James joins a number of other ex-smokers to discuss the influence their parents' smoking had on them taking up the habit themselves, and how being around children was their motivation to quit. It comes as the NHS launches a brand new smokefree campaign to encourage all 5.3 million smokers in England to make a quit attempt this January – not only for their health, but also to help ensure young people are not being influenced to start smoking.

As part of the scheme, almost 1 in 5 of all smokers in England will be provided with a vape starter kit alongside behavioural support to help them quit the habit. This is part of a series of new measures to help the government meet its ambition of making England smokefree.

Click [here](#) to read more

In-depth check-ups promised for new mothers

Source: Practice Index

All new mothers in England are to receive an in-depth mental and physical check-up from their GP in the weeks after they give birth, NHS officials have promised. Click [here](#) to read in full.

NHS online GP registration service rolled out to over 2,000 practices

Source: NHS Digital

More than 750,000 patients have already used the service since its launch in 2022, with one in three GP practices now offering the service.

An NHS pledge to roll out a new online GP registration service to 2,000 GP practices by the end of the year has been achieved ahead of schedule. The **online Register with a GP surgery service**, managed by NHS England, has been designed to make the process simpler and more convenient for both patients and GP practices.

GP practices process 6.8 million registrations a year, with many still using paper forms, often requiring patients to visit surgeries in person to collect and submit paperwork. The online tool has been shown to save GP practice staff admin time.

Click [here](#) for the source.



Calendar of national campaigns

Handy links (text in bold) for upcoming national campaigns and awareness days to help you plan activities and your social pages.



JANUARY 2024

Dry January

January
Alcohol Change

World Religion Day

21 January 2024
To promote inter-faith understanding and harmony.
World Religion Day

Holocaust Memorial Day

27 January 2024
Holocaust Memorial Day Trust



FEBRUARY

World Cancer Day

4 February 2024
World Cancer Day

Eating Disorder Awareness Week

25 February-2 March 2024
Beat Eating Disorders

Rare disease day

29 February 2024
Rare disease day

DISPEX ANSWERS

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

Q: Do you have any readily available guidance on endorsing Specials?



A: Dispex members can login [here](#) to view and download our Specials Endorsing Flowchart!

We will continue to add more questions and answers as time goes on.

Here to HELP

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



enquiries@dispex.net



01604 859000 (10am-1pm)



dispex.net

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 PRACTICE INDEX







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

