

Gazette

YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues



PRESCRIPTION SWITCHES
EXEMPT > CHARGEABLE

DON'T MISS OUT

Given the ongoing financial challenges confronting dispensing doctors, this month we are deep diving into prescription charges, movements and switches. The final part, of our four part overview **understanding the PCSE drug statement**, offers insight into the NHSBSA's referred backs and disallowed items. Please see pages 5-7 for further details.

Dispex is continuing to collaborate with PharmData. This time we are assisting practices to comprehend the impact of prescription switches and the associated figures. PharmData has requested and analysed data on prescription switches for dispensing doctors and pharmacies in England, uncovering valuable insights into the magnitude of the issue. Please see page 3 for more details.

As we are on the theme of profitability, we encourage members to routinely login to the **Dispex website**. Explore our profitability pages, stay updated on drug related information and assess the performance of your dispensary! Utilise our online tool to benchmark

your dispensary and discover how you might improve profitability. Just fill in the first three boxes to see how you compare to other dispensaries. 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! For details on how to use the online tool, please watch our short **how to** video!

Best Wishes,

Claudy Rodhouse

Dispex Design and Marketing Contributor

*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.

The Dispensary Gazette

Dispex Ltd
18 Oxleasow Road,
East Moons Moat,
Redditch, B98 ORE

Telephone: 01604 859000 (10am-1pm)
Advertising: sales@dispex.net
Website: dispex.net

Design and Editorial Contributor

Claudy Rodhouse

Contributor

Dr Philip Koopowitz

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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](#)



PRESCRIPTION SWITCHES

EXEMPT > CHARGEABLE



WHO Are They?

Allow us to do all the number crunching - do what you do best.

The PharmData team, consisting of accomplished pharmacists, is dedicated to creating customised software solutions for pharmacies and dispensing doctors.

PharmData removes all the difficulty in processing the vast amount of data available from the NHS, making it accessible so that you can effectively monitor and improve your business.

In 2021, PharmData collaborated with Dispex to introduce **DispexCD**, a customised electronic Controlled Drugs register exclusively for Dispex customers. This online register is specifically tailored to meet the requirements of dispensing doctor dispensaries and is fully compliant with NICE guidelines.

LEARN MORE >>

Within the intricate web of prescription pricing in England, a significant challenge arises when the Pricing Authority and dispensing practices find themselves at odds over the charge group assigned to a prescription. This phenomenon, known as prescription switching, carries far-reaching implications for both dispensaries and patients.

Prescription switching occurs during the pricing process when the Pricing Authority disagrees with the designated charge group (paid or exempt) assigned to a submitted prescription. For forms initially declared as exempt, any incomplete declaration of exemption triggers a switch to chargeable, resulting in prescription charges deducted from the contractor's payment for each item. Conversely, for chargeable forms, a switch to exempt occurs if a completed declaration of exemption or valid patient age exemption is identified, leading to the waiver of charges for the items on that form. If prescriptions are switched from exempt to chargeable, and the dispensary has not charged the patient for those prescriptions, then the dispensary will suffer a financial loss from this process.

PharmData has requested and analysed data on prescription switches for pharmacies and dispensing doctors in England and revealed some insights on the scale of the issue. In August 2023, **3,859** out of 10,953 pharmacies and **849** out of 880 dispensing doctors had at least one prescription switch. Additionally, for the 12 month period up to and including August 2023, only 4 dispensing doctors in England had zero prescription switches, compared to over 2,000 pharmacies. You can view the full PharmData report [here](#).

Further Resources

- Click [here](#) to see Dispex's article; understanding prescription charges taken by the practice compared with prescription charges deemed to have been taken by NHSBSA.
- Click [here](#) for details on the NHSBSA & Dispex FREE endorsing, batch submission and switching webinars. OR see page 12.



LUNCHTIME Tutorials

We are pleased to announce our Summer tutorial schedule. As we recognise the demands on your dispensary's time, we are committed to maintaining our LIVE one hour tutor-led tutorials to accommodate your busy schedules.

February 2024

- 7th Feb- Controlled Drugs Part 1
- 14th Feb- DSQS Guidance *additional date*
- 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

APRIL 2024

- 17th Apr- Drug Tariff & Endorsing
- 18th Apr- DispexCD (W)
- 23rd Apr- NHSBSA Endorsing inc Referred Backs (W)
- 24th Apr- Controlled Drugs Part 2

MAY 2024

- 15th May- Controlled Drugs Part 1
- 21st May- NHSBSA Batch & Switching (W)
- 22nd May- DSQS Guidance

JUNE 2024

- 12th June- Controlled Drugs Part 2
- 18th June- NHSBSA Endorsing inc Referred Backs (W)
- 26th June- Drug Tariff & Endorsing

Time: 1pm-2pm

Webinar Time: 12pm start

Delegate Prices:

Members: £50+vat pp/ps

Non: £75+vat pp/ps

W= Free webinar



dispex.net/training



training@dispex.net



BOOK NOW



Understanding Prescription Charges

PART 4

In this article on the PCSE Drug Statements we will be dealing with Understanding the NHSBSA Referred Back Items and Disallowed Items. 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	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	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 above example, Payments made at the end of June 2023, relating to Prescriptions processed during April 23 and sent to NHSBSA at the beginning of May 2023, you can see the **Number of Items Referred Back/Disallowed -20.** This relates to Items dispensed during **April 2023.**

Copies of the Referred Back and Disallowed items are sent to the practice. All Referred back items should be corrected, and the additional information required should be added to the form. All the forms should then be added to the end of month return, so that they can be counted and priced correctly.

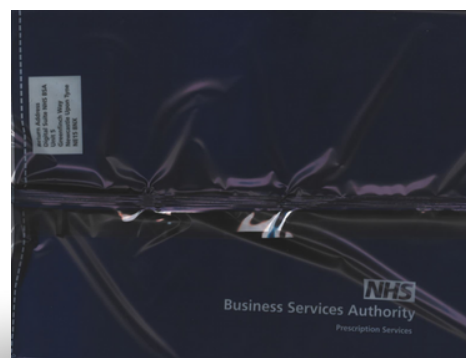
Referred Back (RB)

Each returned item is assigned an RB code to indicate the RB reason.

The most common reason why an item is returned is due to an incomplete endorsement, where one or more of the following is missing:

- manufacturer or brand name - if not in the Drug Tariff and listed by more than one supplier
- pack size - if more than one pack size is available
- price - if NHSBSA does not hold a price for it

An item could also be returned if too much information is included in the endorsement or conflicting information is endorsed but also if the endorsement is unclear. RBs must be completed and returned no later than 18 months from the date they're first sent to the dispensary. All RB and DA prescriptions will be received through the post.



PART 4

Each RB item has an RB code listed underneath the image of the prescription. This states why the item was returned and explains what information needs to be completed for the prescription to be processed for payment. You must submit the RBs with your end of month submission.

The top 10 items Referred Back for September 2023 prescriptions (for both pharmacy and dispensing doctors).

NAME	COUNT
1. Hypromellose 0.3% eye drops	17,763
2. Cyanocobalamin 100microgram tablets	3,301
3. Hypromellose 0.3% eye drops preservative free	2,282
4. Cyanocobalamin 1mg modified-release tablets	1,713
5. Olive oil ear drops	1,311
6. Hypromellose 0.5% eye drops	1,287
7. Emulsifying ointment	1,258
8. Artificial saliva spray	1,148
9. Carmellose 0.5% eye drops	1,050
10. Sodium Bicarbonate 5% ear drops	1,037

As you can see, Hypromellose prescriptions were incorrectly prescribed, or not correctly endorsed over 20,000 times in one month! Hypromellose MUST be endorsed with the Brand (unless it is Hypromellose 0.32% strength, as all other strengths are now in Part IX of the Drug Tariff and listed as particular brands. Maybe it is time to Bulk change all your Hypromellose generic prescriptions. Click on this [LINK](#) to see the Brand Comparisons on the Dispex website.

Referred backs for September 2023 prescriptions for Dispensing Doctors only.

Referred Back totals

Sep-23	EDDR	RB2A	46	RB1B	83	RB1E	48
RB Reason code	Total	RB7	212	RB2C	19	RB5	4
RB1A	5,667	RB2D	81	RB3C	12	RB1D	0
RB1C	1,256	RB3D	431	RB6	2	RB4	1
RB2B	121	RB2E	27	RB3A	3	RB3B	0

A full explanation of the RB codes can be found [HERE](#).

Below are the more common reasons for RBs:

Continues on the next page

Referred Back Numeric Reason Codes	
Referred Back Indicator	Referred Back Reason
RB1A	For orders that are not listed in Part VIIIA of the Drug Tariff all of the following endorsements are required: Supplier/Manufacturer, pack size and basic price (excluding VAT). If a formula has been dispensed and any of the ingredients are not listed in Part VIIIA, please supply the above information.
RB1C	For orders that are not listed in Part VIIIA of the Drug Tariff a pack size and basic price (excluding VAT) are required. If a formula has been dispensed and any of the ingredients are not listed in Part VIIIA, please supply the above information.
RB3D	The Appliance order/endorsement is incomplete. The type of Appliance must be present.
RB7	We are unable to determine exactly what was prescribed or supplied. Please supply additional information that will assist us to process the annotated item(s).

Disallowed (DAs)

Prescriptions returned marked as 'disallowed' let GP practices know if an item has not been passed for payment. This is because the item is not allowed on an NHS prescription or to be claimed for in a GP practice. Disallowed items are sent back together with the RB items. The DA items will not be paid, even if you correct them. The practice bears the cost of dispensing those items.

Disallowed Totals September 2023

DA Reason Code	Total	DA Reason Code	Total
DA2	263	DA19	21
DA10	1102	DA9	94
DA4	2	DA20	1
DA3	31	DA11	4
DA1	24	DA8	3

The full list of Reasons can be found [HERE](#)

Disallowed Reason Codes	
Disallowed Indicator	Disallowed Reason
DA2	As it is not an appliance or chemical reagent listed in the Drug Tariff (ref. Drug Tariff, Part 1, clause 2 or 3)
DA10	The attached FP10(s) have been disallowed since claims for payment should be made on form FP34D(appendix) in accordance with NHS GMS SFE 16.16.

As you can see, the vast majority of Disallowed items are for Vaccinations which MUST be claimed on the FP34D Bulk Vaccination claim form. Note: Revaxis must be claimed on an FP10 and not the FP34D. This applies to Dispensing and Non-dispensing practices.

Next month we will look at Completing your Bulk Vaccination (FP34D) form correctly.

Thanks to Mark Gibbon and the NHSBSA Prescription Service for supplying information.

SUPPORTING
Dispensing Practices

dispex.net
enquiries@dispex.net
 01604 859000 (10am-1pm)

Train with DISPEX



**IF YOU
DON'T
USE IT,
YOU
LOSE IT**

The 2023/24 PCN DES Contract **Specification** has allocated funding for leadership and management training. Claim yours before the 31st March deadline!

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

[CLICK HERE](#)



As the cold and flu season is in full swing, perhaps it's time for a thorough deep clean? While dispensary work surfaces must be wiped down with a clean, hygienic cloth at the beginning and the end of each working day. In addition to conducting daily checks on all dispensing equipment! It might be an opportune moment to schedule a deep clean, focusing on patient and staff high-touch areas alike!

It's also advisable to verify the presence of a cleaning Standard Operating Procedure (SOP) and check sheet in your operational protocols. Dispex members can login [here](#) to download our SOP **D1-Dispensary Cleaning**.

Our SOP Covers

- Regular waste collection
- Pierce proof gloves & other suitable PPE
- Automatic counters
- Cross contamination
- Suitable glass measures
- Equipment checks
- The dispensary refrigerator
- A sample equipment checklist

TOP TIP: Gloves must be available and worn when dispensing and repackaging Cytotoxic drugs. (Refer to SOPs on Cytotoxic medicines and BNF for indications).

While on the topic of cleaning and organising, lets take a look at Disposal of Medicines! This area deserves particular attention, especially if you have new staff or locums, have excess waste awaiting collection or if you have inappropriate segregation of wasted medication!

Our comprehensive SOP **DPX-QC3 Disposal of Medicines**, covers the following:

- The Process Stage
- Who can we accept waste from
- Receiving waste medicines
- Expired dispensary waste medicines
- Sorting
- Disposal
- Sharps-ONLY ACCEPT USED SHARPS THAT ARE IN A SEALED SHARPS CONTAINER
- Liquid medicines
- Solid dosage forms
- Dealing with full waste medicines containers
- Needlestick injury and emergencies

Refer to the guidance from your waste management contractor regarding waste licences or registered exemptions. **COSHH guidelines** to be adhered to throughout this process.

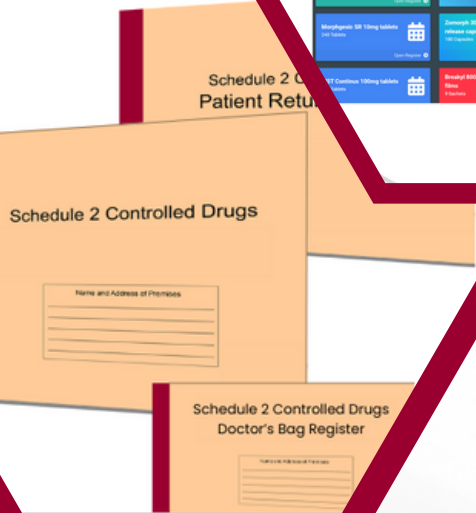
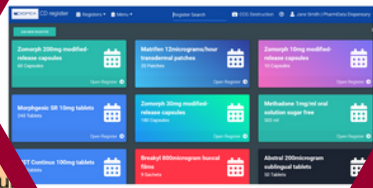
SOP **DPX-QC3** applies to waste general medicines and does not include waste CDs (refer to SOP-**CD destruction**). Please click [here](#) for details on Denaturing kits via Dispex.

[LEARN MORE](#)





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**





Practice Recruitment

Several factors contribute to the growing challenge of practices retaining and filling various job roles. Primary care is facing significant strain, particularly after another demanding winter. Moreover, with the sustained economic hardship more practice, dispensary, and admin staff are being tempted away from Primary Care to roles in other industries that provide higher pay and potentially less stress.

Numerous stories are making headlines, depicting prescribing practices compelled to either shut down or scale back their operating hours due to the challenges of filling vacancies. The NHS Employers site offers an online guide to **Improving staff retention** and they also offer a **Beating burnout in the NHS** guide.

If your practice is encountering difficulties in filling vacancies and traditional methods have proven unsuccessful, consider exploring our service named **Practice Vacancies!**

For a small fee of £125+vat, we will provide practices with two banner spaces advertising the vacant role. One banner advert will be included in our monthly Gazette email header and one will be included in the same mid-month update newsletter.

Our Gazette reaches many within the Primary Care community, therefore it should reach more qualified people than a local newspaper would. Dispex will only be acting as a marketing agent and will **NOT** be involved in any part of the recruitment process. If a potential

applicant should contact Dispex, we would only direct them to your online job application webpage or to your email.

Please find below a banner example. The click through can be linked to **your** email address or **your** online job description and application form. For further details please email sales@dispex.net

NEW FEATURE
Practice Vacancies

POSITION: Dispensary Manager

Practice: Any Surgery
Town: Practiceville
Job Type: Permanent
Work Schedule: Mon, Wed, Thurs, Fri (8.30am-1pm)
Highlights: Pension, 5 weeks annual leave pro rata, ongoing training

CLICK HERE
Advertise your position here

DISPEX

Staff Inductions

After filling the position, whether independently or with our help, or if you've recently welcomed a new team member, explore our training options tailored for new hires. We also offer training options for individuals accessing **"The New to Practice Fund."** For details on our training options please click [here](#).

Additionally, Dispex members can click [here](#) for a competencies check-sheet for dispensary staff!

UPCOMING WEBINARS



FEB 15TH



APRIL 23RD



JUNE 18TH

12:00-1:00 PM FREE

Hosted by Mark Gibbon
NHSBSA SCS Team Technical Lead



MARCH 14TH



MAY 21ST



JULY 16TH

12:00-1:00 PM FREE

Hosted by Mark Gibbon
NHSBSA SCS Team Technical Lead

NHSBSA and Dispex Webinar- Endorsing Inc Referred Backs

This Webinar will offer help and guidance on the most common endorsing problems to help 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 and how you can help to reduce or eliminate the need to refer prescriptions back to you.

FREE

NHSBSA and Dispex Webinar- 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 explain why prescriptions are switched between exempt and chargeable groups and how this affects your payments, as well as top tips on how to make sure switching isn't a problem in your dispensary.

FREE

DISPEX

Business Services Authority



BOOK HERE

CONTACT US

training@dispex.net

01604 859000 (10am-1pm)



The concept of "learning styles" refers to the idea that individuals have preferred ways of learning and processing information. There are several recognised learning styles, with some undergoing adaptation in response to the increasing demand for online resources in recent years.

Some common types of learners include:

- **Visual Learners:** Prefer to learn through images, charts, graphs, and other visual aids. They often benefit from seeing information presented in a graphical format.

If this describes you, explore our: [Learner-led courses](#)

- **Auditory Learners:** Learn best through listening. They may prefer lectures, discussions, podcasts, YouTube videos and other auditory methods of instruction. These individuals often benefit from verbal explanations and discussions.

If this describes you, explore our: [Tutorials](#)

- **Kinesthetic (Tactile Learners):** Learn best through hands-on experiences, physical activities, role play and printed materials. They prefer learning by doing.

If this describes you, explore our: [On-site visits*](#)

*geographical restrictions apply

- **Reading/Writing Learners:** Excel with written information. They prefer to read and write to understand and remember concepts. They often benefit from note-taking and reading materials independently.

If this describes you, notes can be taken during all of our courses!

- **Social Learners:** Thrive in group settings and collaborative environments. They learn best through

interactions with others, such as discussions, group activities, and cooperative learning.

If this describes you, explore our: [Tutorials and On-site visits*](#)

- **Independent Learners:** Prefer learning alone and are often self-motivated. They may find solitary study self-paced learning, and reflective activities most effective.

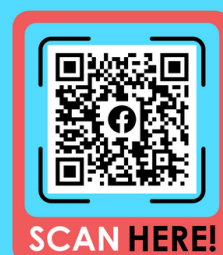
If this describes you, explore our: [Learner-led courses](#)

It's important to note that many individuals have a combination of these learning styles, and learning preferences can evolve over time. Additionally, some educational theories and models may use different terms. Understanding your preferred learning style can enhance the effectiveness of the learning process.

DO YOU RUN A HYBRID PHARMACY

Join our free Facebook Group to discuss all things Hybrid!

Search: "Dispensing GPs Hybrid Pharmacy Group" in Facebook or scan the QR code!





Spring clean your finances

At the start of a New Year people often think of making resolutions to improve their physical and mental health but it is also worth thinking of financial health at this time.

In the period before the end of the tax year on 5 April, you may be considering the usual planning ideas. However, the start of the year is also a good time to think further ahead and make longer term plans.

Your business

In the current tax year (ending 5 April 2024) all sole trade / partnership businesses will have their basis period moved to the end of the tax year. Many GP practices will adopt a year-end of 31 March to be coterminous with the NHS year end. If so and, if you are intending on making any purchases this year for your business, they will need to be made before 31 March 2024 for the Capital Allowances to be claimed on your 2023/24 tax return.

Consider going electric if you are going to replace a car that you also use for business purposes. Where Capital Allowances can be claimed the relief is accelerated as 100% First Year Allowances are permitted for electric cars. For any business purchases, relief is restricted for personal use. Other benefits also include being exempt from some urban charging zones fees and the business may be eligible for a Workplace Charging Scheme grant.

Your Income

When your income is over £100,000 you lose your entitlement to tax-free childcare as well as your personal allowance being abated. If you reduce your adjusted net income so that it is below £100,000 then you will retain both. This can be achieved by making personal pension contributions out of your private practice earnings (if you are able to within your annual allowance), changing investments into non-taxable forms, or giving income yielding assets to a spouse/civil partner with lower income.

Your home

If you are considering selling a residential property during 2024 be aware of your tax position well in advance of making any sale as tax due, if any, needs to be paid within 60 days of completion.

If you are purchasing an additional property that you will be using as a residence, consider making a main residence election within the time limit. Where you use properties roughly equally, think about which is standing at a larger gain, or you are likely to sell first.

Family gifts

If you are going to make a large financial gift, it is always important to take expert advice to make sure things will work out as you intend.

For example, you may wish to help a child on to the property ladder. Parents can retain an element of control over the property by loaning part or all of the purchase funds to

**For more information
please contact:**

Juliette Smith

T: +44 (0)1212 657 209
M: +44 (0)7807 021 030
E: juliette.smith@bdo.co.uk

Aimee Winterbone

T: +44 (0)1473 320 803
M: +44 (0)7553 201 456
E: aimee.winterbone@bdo.co.uk

the child and taking a lender's charge over the property (effectively a family mortgage), but the child can benefit from the lower SDLT rates for first time buyers.

Alternatively, you may wish to consider paying into your adult child's pension fund instead of making an outright gift of cash (this would be against their annual allowance and is not connected to your pension position). They would benefit from the tax relief and the contribution would also reduce their 'adjusted net income' for tax purposes – helpful if they have income over £50,000 and the Child Benefit they receive for your grandchildren has to be paid back to HMRC (or if their income is over £100,000 as mentioned above).

For more ideas, read BDO's guide to [personal tax planning](#) or get in touch with our [team](#).

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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.....Click [here](#) to see.

Buprenorphine Patches



Part 2- 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.



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.

Understanding Prescription Charges- PART 3

In this article on the PCSE Drug Statements we will be dealing with Understanding Advance and Advance Recovery. Click [here](#)

Dispex members can login [here](#) to view parts 1-3 in one place!



UTILISE YOUR NEXT PROTECTED LEARNING DATE!

Looking for customised face-to-face training, then consider our on-site training sessions!! When we bring the training to your practice, all we require is a suitable room where the group won't be disturbed. Access to your dispensary is handy, but not imperative.

We personalise each session such as CDs, Drug Tariff & Endorsing, Maintaining Dispensary Accuracy, or Business Management Dispensary exclusively for your dispensary. On-site training allows full interaction between your team and our tutor.

Easy to visit areas:

Warwick | Worcester | Oxford | Leicester | Gloucester | Northampton | Buckingham

Utilise your next PLT date, **contact** the training department for further details.

ICBs pay management consultants to help improve GP access

Source: PULSE, Eliza Parr, 15.1.24

ICBs have paid for private management consultants to help design GP strategies and improve access, Pulse has found. KPMG and PricewaterhouseCoopers (PwC) have been commissioned to undertake work such as modelling of demand in general practice, developing a primary care strategy, and designing a 'more sustainable' model of primary care. Click [here](#) to read more.

Remembering the little things

Source: Practice Index By Robyn Clark

I don't know about you, but December felt really tough in good old GP Land. Winter bugs were everywhere – and they still are! – impacting on our staff, and there were many more patients coming through our doors. People were trying to get excited about Christmas whilst also worrying about the cost of it. Now 2024 has arrived and people are still feeling under the weather but they're also broke.

For me, though, the biggest downer has been the increase in patient abuse / aggression / microaggression. Is it just me? I had one week in December when I sent out five warning letters. I've only sent a total of 32 warning letters (including these) in the three years I've been at my practice! It's had a real negative effect on my team as they're only doing their best to help, in really difficult circumstances. Click [here](#) to read more.

'We need to expand retention initiatives; not stop the ones we have' says College Chair

Source: RCGP 10.1.24

College Chair, Professor Kamila Hawthorne, featured in **GPonline** today responding to the planned cessation of two GP retention initiatives: the GP Fellowship programme and the Supporting Mentors scheme. Click [here](#) to read.

Benchmark your Dispensing

Watch our short video

BENCHMARK YOUR DISPENSING

HOW DO YOU COMPARE?



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.



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



MARCH

Ovarian Cancer Awareness Month

March

Ovarian Cancer Awareness Month

International Women's Day

8 March 2024

International Women's Day

National No Smoking Day

13 March 2024

British Heart Foundation

International Transgender Day of Visibility

31 March 2024

Workplace Pride

Special Days

10th Feb- Chinese New Year

10th March- Ramadan expected to begin

10th March- Mothering Sunday

29th March - Good Friday BH

31st March- Easter Sunday



Membership Benefits

DISPEX

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



Profitability Tools

Online Profitability Tools

Monthly lists of generics costing more than tariff | Brand Comparison | Benchmarking Resource | Positive PI's | Manufacturers Discount Updates



Training

Online Updates on

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

Discounted Training

Tutor-led | Learner-led | Private Teams | On-site



Supplies

Free Electronic CD register

Discounts on Dispensary Supplies

Owing Books, Denaturing Kits, Paper CD registers
- We also supply dosette trays

Advice & Support on

MORE INFO

While The Gazette is accessible to non-members, access to our online profitability tables & guidance is exclusively reserved for Dispex members

DISPEX ANSWERS

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

Q: Are we able to provide a hospital or dental prescription to our dispensing patients?



A: Dispex members can login [here](#) to discover the regulations!

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

Join Dispex



dispex.net/membership



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Rate our service on

 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

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