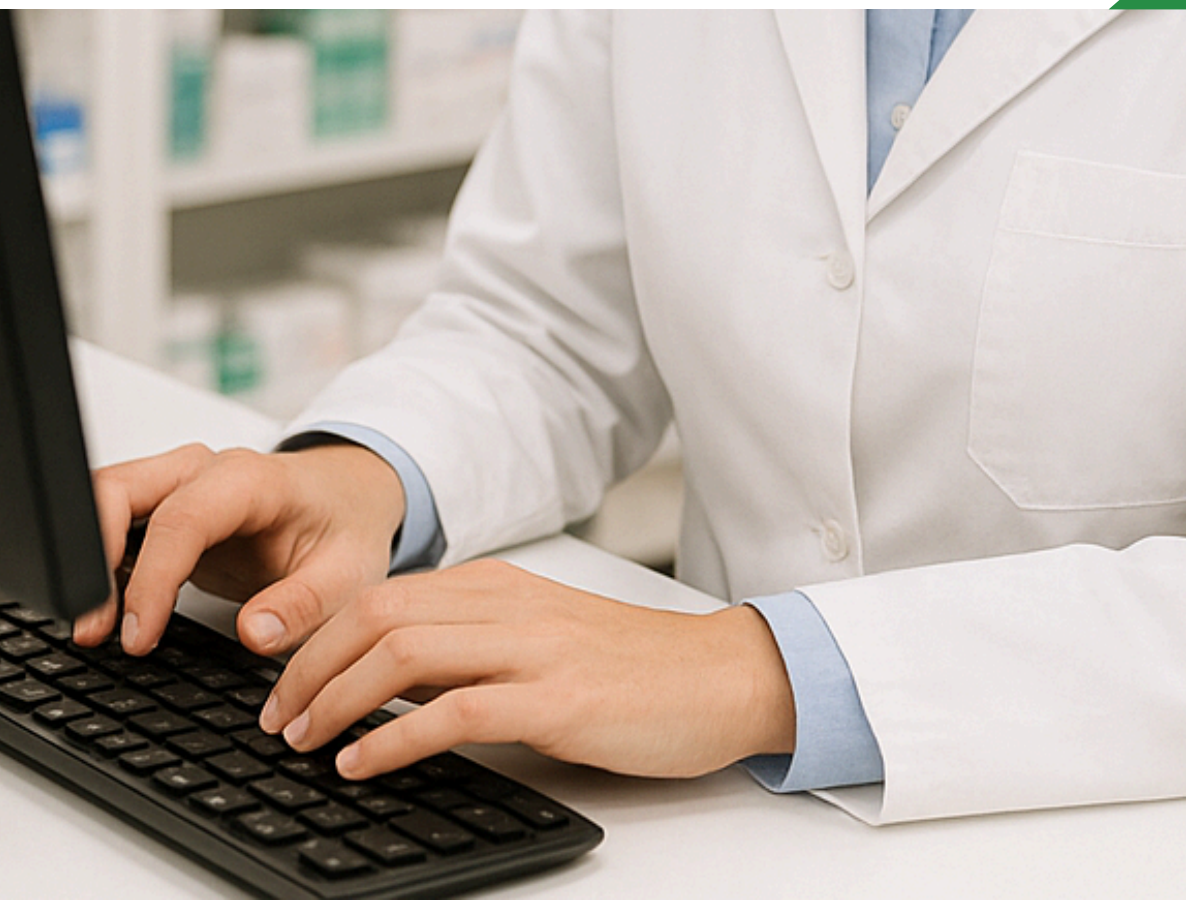


# Gazette

YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues



**NEW**

PRINTED  
GUIDE

## NEW RESOURCE

*The Essential Prescription Clerk's Guide*

Further Developments From Dispex

Building on last month’s announcements, we’re pleased to introduce another valuable resource for your practice: **The Essential Prescription Clerk’s Guide**. The role of those handling prescriptions is critical for the safety and smooth running of any practice.

This new guide offers practical support to help streamline day-to-day workflows. Covering the entire prescription journey from start to finish, the guide equips staff with the knowledge and confidence to manage prescription handling safely and efficiently. It’s an ideal resource for both dispensing and non-dispensing practices. Please see page 4 for further details.

Are you being Nudged?

Many dispensing practices face ongoing challenges in maintaining and improving profitability. While Dispensers try to source the right products from the right wholesalers, profitability often depends on prescribers.

If loss-making items are prescribed, dispensers have little control. Having a dispensary-friendly formulary helps guide cost-effective prescribing, but many prescribers often default to old habits. That’s where our Dispex Nudger Tool comes in handy. Members can benefit from being able to add pop-ups to their clinical systems to encourage prescribers to use dispensary friendly products if appropriate. Please see page 9 for further details.

Polite Reminder

We’re really pleased with how our WhatsApp peer group is working. Thank you all for making it such a supportive space. But as a gentle reminder, we kindly ask that messages be kept within office hours to maintain a healthy work-life balance for all. Please keep posts between 9:00am to 6:00pm- thank you!

Best Wishes,

**Claudy Rodhouse**

Dispex Design and Editorial Coordinator

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What's inside	Page
Rebate Scheme Changes	2
Inclisiran Update - PA Items and VAT	3
New Printed Resource for Prescription Clerks	4
NEW Omnicell Clear Discounts	5
Keeping Medicines Safe- Room Temperature	6-7
NEW Tutorial -PAs and VAT	8
Pop-up Reminders - The Dispex Nudger	9
DDA Conference Update	11
Dispex Answers Your Questions	16



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References: 1. Staladex SmPC

Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard). Adverse events should also be reported to Aspire Pharma Ltd on 01730 231148.

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10106062711 v1.0 April 2025



# *Manufacturers*

## REBATE

### MDS, RWA, QE and now ePACT

Over the past month we have seen 2 manufacturers move the way they deal with rebates away from the more traditional method of getting the Main Wholesalers to calculate rebates against purchases. Most manufacturers offer rebates or discount off invoice, which is dealt with by the main wholesalers, and many now have caps on the number of items which qualify for the discount. The rebates are often paid 2 or 3 months after the invoice has been paid. Keeping an eye on whether you have been paid, or the discount has been taken off the invoice is nigh on impossible with the smoke and mirrors that pervade the industry.

Understandably many manufacturers are concerned about grey trading where some of our colleagues buy products which should be used for their own dispensing patients, at a great discount, and then sell them on via brokers and the products find their way into the supply chain for pharmacy. The practices that engage in grey trading are enticed by the promise of great wealth – this is not always the case and sometimes the brokers can use up the cap, leaving the practice to buy the products at the full price.

There has been a move by Orion and VISUfarma to calculate rebates according to drugs dispensed by practices. They do this via ePACT Dispensed Drugs

Monthly data – this means that only their branded products actually dispensed will count towards the rebates. It is very important to prescribe these particular products by brand to ensure you benefit from the rebates. Although PSUK is running one of these rebate schemes, you do not necessarily need to order those products from PSUK, as the rebate will be calculated according to the prescriptions sent to NHSBSA and not your purchase data. Previously PSUK managed the Orion rebates, but now this is being managed by Safe Dispenser. The rebates on Orion's and VISUfarma's products is better than it was under the old system, and is highly competitive irrespective of which wholesaler you use. All of these products **MUST** be prescribed by brand.

This shift to calculating rebates/discounts according to actual usage will have a useful effect on reducing grey trading, but it will potentially cut off the ability to improve profitability by prescribing generically and dispensing a profitable brand. Dispex will be keeping a close eye on this and will advise our members which products should be prescribed by brand, and which are still best to prescribe generically and where appropriate dispense a profitable brand.





## Inclisiran – a further update and clarification:

By Dr Philip Koopowitz – Director Dispex

The reimbursement price of Inclisiran is £60.00. In addition, the DHSC has classified that all drugs from Part VIIC - Arrangements of Payment for Products Supplied Free of Charge or Products with a Nominal Price (England) will be Zero-discounted for general practice. It can only be purchased from AAH and the purchase price is set at £45.00 plus VAT. This is extremely good news. With a dispensing profit of £18.00 per jab dispensed, it becomes more palatable to administer it at the surgery.

The Guidance issued by NHSE was confusing and we sought clarification from NHSBSA about whether you need to charge the patient or not.

<https://www.england.nhs.uk/long-read/funding-supply-inclisiran-leqvio/>

The NHSBSA advise:

*“We will need an FP10 to reimburse Inclisiran/Leqvio regardless of which scenario the NHSE guidance sets out. Inclisiran/Leqvio is not a high-volume vaccine and should not be added to the FP34D annex.*

*We would also always view each FP10 for Inclisiran/Leqvio as a regular (Personally Administered) PA item as we would not be able to identify how it was sourced and/or administered to the patient. Therefore, we would treat every FP10 for Inclisiran/Leqvio as free of charge regardless of whether the patient has paid a charge or not according to the regulations.”*



By Dr Philip Koopowitz – Director Dispex

We frequently receive requests for guidance on Personally Administered (PA) items and VAT. To assist with this, we have compiled a list of commonly dispensed PA items (items often taken away in a bag) according to the DM+D. Please click [here](#) to login and view.

Additionally, we have developed a simple step-by-step guide to support the Dispensary team. But for a detailed approach, please see page 8 for our lunchtime tutorial.

### Step-by-Step Guide for Dispensary and Admin Staff

#### 1. Only Notify Finance of What Was Actually Administered

- Do NOT include anything not given in the surgery.
- Applies to injections, vaccines, contraceptives – everything.
- If unsure, check with the clinician.

#### 2. Use the Correct Price

- Use the DISCOUNTED PRICE (after any supplier discount).
- This is the figure finance uses in the VAT return.

#### 💡 3. Contraceptives Have a Special Rate

- If administered at the surgery, VAT is 5%.
- Flag these clearly to the finance team.

#### ⚠️ Why It Matters

- Incorrect entries = less VAT refunded to the practice.
- Accuracy protects the practice's income.

#### 📌 Always

- Confirm it was administered at the practice, not taken away in a bag.
- Use the discounted price.
- Flag contraceptives.
- Keep clear records.



## The Essential Prescription Clerk's Guide

Whether you're new to the role or looking to enhance your expertise, *The Essential Prescription Clerk's Guide* is the only resource on the market specifically designed to help you master the core responsibilities of a Prescription Clerk.

This practical guide takes you through the entire prescription journey covering everything from information governance to MHRA alerts. It provides clear guidance on identifying medicine categories, forms, and dosages, as well as understanding side effects, drug interactions, and therapeutic duplications.

You'll also learn the importance of standard operating procedures and best practices for prescription processing, including drug monitoring, meeting processing deadlines, and managing issues such as manufacturer supply shortages.

In addition, the guide offers valuable insights into collaborating with community pharmacies, prescribers, and the Electronic Prescription Service (EPS). It also covers managing English prescription charges and handling complex situations, such as hospital discharge amendments and compliance aids.

This guide has been produced and edited for Dispex by Dr Philip Koopowitz, in conjunction with Kirstye Todd, our Dispex Tutor.

With a physical copy in hand, you'll have instant access to indispensable insights. A critical element of the guide is helping non-clinical team members identify when issues should be escalated to GPs or other prescribers. While the guide highlights key escalation points, it's essential that each Practice has a clearly defined internal process for managing such escalations. The printed guide is fully customisable, **mark it, tab it**, and tailor it to your needs for quick and efficient access to critical sections.

***"We believe this resource will be a valuable asset in enhancing prescription safety and supporting staff in delivering high-quality patient care".***

### GUIDE PRICE

Members **£29.99** inc vat Non-members **£49.99** inc vat  
Plus postage & packaging and the applicable VAT on P&P

### HOW TO ORDER

Please email [sales@dispex.net](mailto:sales@dispex.net), confirming your finance email and invoice address. Once in receipt of these details, we will then raise an invoice at the appropriate rate. Once the invoice has been settled the guide will be dispatched.



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## The Importance of Ambient Temperatures in Dispensaries

With the current heatwave, many dispensing practices across the UK are facing a familiar yet critical challenge: maintaining a safe ambient environment for medication storage. Dispensary temperatures exceeding 25°C are not simply a matter of comfort—it's a compliance issue. While some Finance Managers and lead GPs may hesitate to approve the cost of air conditioning, viewing it as a significant investment, the importance of climate control is often misunderstood. It's not just a convenience—it's a regulatory requirement. Medicines must be stored within their licensed temperature ranges, and exceeding these limits can compromise both their efficacy and safety. As a result, active temperature monitoring and management are essential to ensure compliance and protect patient care.

As Philip Koopowitz, Director of Dispex, emphasises:

***"Bottom line - GPs and Finance Managers need to know that it is a requirement to keep medication at an ambient temperature, even if it means having air conditioning. There's no getting around it."***

### What Does the Guidance Say?

According to the NHS Specialist Pharmacy Service (SPS), medications labelled for storage at "room temperature" or "ambient temperature" should remain between 15°C and 25°C. Going beyond this for prolonged periods can invalidate the manufacturer's guarantee and may raise flags during a CQC inspection. Click [here](#) for the source.

### Real-World Solutions from Your Peers

A recent discussion in our WhatsApp group on this topic revealed a range of practical approaches currently being used:

- **Portable AC Units**

**For those whose budgets don't allow for wall-mounted air conditioning systems, portable units seem to be a more affordable alternative.** However, there are a few important considerations: while the upfront cost is lower, portable units are generally less energy efficient and more expensive to run. Additionally, some models carry safety warnings advising against unattended use, so if you plan to run a unit over the weekend, be sure to check that it's safe to do so.

- **Permanent Wall-Mounted AC**

Some dispensaries operate wall-mounted air conditioning systems throughout the day to maintain stable room temperatures. While this is a costly option, many agree that it's a worthwhile investment to avoid compliance issues and prevent medication wastage.

- **Automated Temperature Monitoring**

Several practices have now adopted Wi-Fi-connected smart thermometers. These devices alert staff when temperatures exceed 24°C, send real-time notifications to mobile phones, and generate data logs that are useful for inspections. This solution has gained significant interest, particularly among those looking for ways to reduce the amount of time their air conditioning systems need to run.

*Continues on the next page.....*



The chat then went on to discuss how dispensaries monitor room temperatures;

- Some manually monitor using basic thermometers with min/max settings and manually log daily temperatures.
- Many have installed digital thermometers in various locations within the dispensary to get an accurate reading of the room temperature. These systems can also keep a log of temperature readings for audit purposes.
- Our **Temperature Monitoring SOP** was mentioned in the discussion, and one user kindly shared the link within the group. Members can log in **here** to download and personalise the document.

➔ **Thank you to our key WhatsApp users for sharing your experiences with others.**

### Best Practice Checklist

- ✓ Maintain temperature between 15–25°C at all times.
- ✓ Install air conditioning or portable cooling units where feasible. If using portable units ensure they can left on when no one is around.
- ✓ Conduct regular temperature checks (manually or digitally) throughout the day, especially during peak temperature times. This helps in identifying any fluctuations that may need addressing.
- ✓ Maintain a log of all temperature readings. This can be done manually or digitally. Keeping records helps in tracking trends and identifying any recurring issues. You'll also need these logs for your CQC inspection.
- ✓ Ensure thermometers are calibrated regularly.
- ✓ If you're struggling to keep temperatures down, try calculating whether the air conditioning unit's output is suitable for the room size. An undersized unit or lack of proper ventilation can actually cause the temperature to rise rather than fall.
- ✓ Alert management if temperature regularly exceeds safe limits.
- ✓ Review and update your SOP to reflect current guidance.
- ✓ Ensure that all staff members are trained on the importance of temperature monitoring and know how to use the equipment properly.

Whether you use smart tech, traditional thermometers, or climate control systems, ensuring compliance should be non-negotiable.



## Stay Informed with the Dispex WhatsApp Support Group!

Thinking about joining? Here's what you need to know:

### Members' only space

- ✓ **Office hours only** - Dispex chats and responses are kept within business hours. We ask users to do the same! No late-night disruptions!
- ✓ **No message overload** - we will only send important alerts a few times a week.
- ✓ **Profitability updates** - we'll share key insights to help boost your dispensary's financial viability.
- ✓ **In it together** - your experiences are invaluable, so please feel free to share your insights!



# >>>>> NEW TUTORIAL

## PAs and VAT

### *An easy-to-understand guide*

**Presented by Dr Philip Koopowitz**

Personally Administered items (PAs) and VAT is a complex and challenging area to navigate. Our comprehensive tutorial is designed to give you the essential knowledge to understand dispensing PAs and VAT within a Dispensing Doctor setting.

#### TOPICS COVERED

##### **NHS Business Service Authority Prescription Services (NHSBSA) and the VAT Equivalent**

Easily distinguishing a PA as deemed by the NHSBSA Prescription Services (NHSBSA). Understanding how the NHSBSA reimburse the VAT equivalent and prescribing rules on PAs.

##### **HMRC and VAT on medications**

Understanding how HMRC distinguish PAs items and how this should be applied to the VAT return. Exploring the different categories of VAT and how they apply to medications dispensed by Dispensing Doctors.

##### **NHSBSA Prescription Services and HMRC**

Unravelling the quirks of how NHSBSA and HMRC deal with PAs and analysing which products are profitable and which are not.



**8<sup>th</sup> October**



**1-2pm**

**BOOK NOW**



**Members: £50+vat pp**

**Non-Members: £100+vat pp**





# The Ultimate SYSTMONE & EMIS Dispex Formulary Nudger

↓ System	Name	Last updated	Nudge details
Bone	Vitamin D Loading dose	Jun 2025	<a href="#">Click Here</a>
Bone	Colecalciferol 400unit	Jun 2025	<a href="#">Click Here</a>
Bone	Colecalciferol 800unit	Jun 2025	<a href="#">Click Here</a>
Bone	Colecalciferol 1000unit	Jun 2025	<a href="#">Click Here</a>
Bone	Calcium and Vitamin D3	Jun 2025	<a href="#">Click Here</a>

## Are you being Nudged?

Many dispensing practices are struggling with maintaining profitability. The dispensers are doing as much as they can to purchase the correct product from the correct wholesaler. Profitability is largely dictated by the prescriber – if they prescribe products which make a loss, there is not much the dispensers can do to correct that. Developing a dispensary friendly formulary is key to tightening up on prescribing. Despite having an easily available formulary, many prescribers, especially ones new to the practice, tend to prescribe drugs they are used to prescribing elsewhere. Dispex provides numerous Dispensary Friendly Formularies which are specific to each main wholesaler. Click **HERE** to see the list.

By using our Dispex Nudger Tool, Dispex members can benefit from being able to add pop ups to their clinical systems to encourage prescribers to use dispensary friendly products if appropriate. We have now gone one further and published 22 separate lists of products that could be nudged to more profitable products. We will be adding different classes of drugs to this list. The list includes:

**Bone, Cardiovascular, Endocrine, Miscellaneous, Eyes, Diabetes, Women's Health Respiratory.** Click **HERE** to see our list of Nudge items which you can add to your clinical system, to encourage prescribers to do the right thing for the patient and for the dispensary.

Question

**Dispex Nudger - Miscellaneous**

You have prescribed medications that have been highlighted as not being within the Practice formulary. Please take a look at the formulary to see if an alternative could be prescribed.

The medication is in the following list:

You have attempted to prescribe from this list	This is the Dispex preferred option (please check clinical suitability)
Gaviscon Advance oral suspension peppermint (Reckitt Benckiser Healthcare (UK) Ltd) 500 ml	Sodium alginate 500mg/5ml / Potassium bicarbonate 100mg/5ml oral suspension sugar free
Gaviscon Advance oral suspension aniseed (Reckitt Benckiser Healthcare (UK) Ltd) 500 ml	Sodium alginate 500mg/5ml / Potassium bicarbonate 100mg/5ml oral suspension sugar free
Acidex oral suspension aniseed (Pinewood Healthcare) 500 ml	Sodium alginate 500mg/5ml / Potassium bicarbonate 100mg/5ml oral suspension sugar free
Acidex oral suspension peppermint (Pinewood Healthcare) 500 ml	Sodium alginate 500mg/5ml / Potassium bicarbonate 100mg/5ml oral suspension sugar free
Peptac liquid aniseed (Teva UK Ltd) 500 ml	Sodium alginate 500mg/5ml / Potassium bicarbonate 100mg/5ml oral suspension sugar free
Peptac liquid peppermint (Teva UK Ltd) 500 ml	Sodium alginate 500mg/5ml / Potassium bicarbonate 100mg/5ml oral suspension sugar free
Nitrofurantoin 100mg tablets	Nitrofurantoin 100mg capsules
Nitrofurantoin 50mg capsules	Nitrofurantoin 100mg capsules
Nitrofurantoin 100mg modified-release capsules	Nitrofurantoin 100mg capsules
Nitrofurantoin 50mg tablets	Nitrofurantoin 100mg capsules

www.dispex.net

Why am I seeing this?

Mark in Error and Represcri... Keep the medication Pause

The majority of Brand Comparisons have been updated and now show the effect of prescribing by brand or generically if appropriate. If prescribing generically, we have highlighted which brands are most profitable to dispense against the generic prescription. As the generic prices and category M prices are constantly changing, all Brand Comparison will be purely based on the available brands.

Whilst we understand that most Glaucoma drops are initiated by the ophthalmology services, there are an increasing number of very profitable brands available. Our Brand Comparisons page has been updated to reflect this.

Not all Main Wholesalers offer discounts on all products and indeed, even within a manufacturer's portfolio, some products are eligible for a discount, but others are non-qualifying (zero-discounted). Some discounts are only available from one or two wholesalers and our upgraded Brand Comparisons pages allow you to see which wholesaler is best to use for a particular product.

About

Please go back to the journal and right click and mark in error and enter the alternative medication.

Why am I seeing this?

Ok Pause



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# DDA Conference

## 24-25 September 2025 National Conference Centre Birmingham

It is now less than 3 months until the DDA Annual Conference which takes place at the National Conference Centre (NCC), near the NEC, Birmingham on Wednesday 24<sup>th</sup> and Thursday 25<sup>th</sup> of September 2025. There are already over 34 Exhibitors attending including Diamond Exhibitors – AAH, Aspire, AstraZeneca, Cambrian Alliance, PSUK, Vallour and Zentiva. With over 175 delegates already booked, now is the time to reserve your place.

We welcome back our regular exhibitors A. Menarini, Accord, Alliance, BD Rowa, Chiesi, Daiichi Sankyo, Dispensing Doctor Solutions, Dispex, Glenmark, NHSBSA, Pharma Storage Solutions, PhramBox24, Stirling Anglian, Titan and VISUfarma. Newcomer exhibitors including Abbott Nutritional, B&S, Bausch & Lomb, CareSens, Cipla, Curaleaf, Dispensary Market, General Practice Solutions, MediP and Kent.

There is a great mix of Wholesalers, Manufacturers, Dispensing hardware suppliers and, in this digital age, we have at least 7 companies who will be on hand to assist your practice to enhance profitability and efficiency, using some of their unique solutions.

The conference programme is now complete. Matthew Isom, CEO of the DDA commented on the news that Roy Lilley will be giving the Keynote address. *"I'm delighted that health policy commentator and blogger, Roy Lilley, has accepted our invitation to be the keynote speaker at our conference. Roy came from business to Chair one of the first NHS Trust hospitals in the 1990s. Since then, he has become a regular presence in the media, and with his regular blog, NHSmangers.net, dissecting and analysing health policy. He has spoken at our conference several times over the last decade and is always inciteful and thought-provoking. With the abolition of NHS England, the NHS 10-year plan, and a new GP contract on the horizon, now is the perfect time to hear from Roy again."*

In addition to the Chairman's annual address and the DDA AGM we have sponsored speaker slots which allows suppliers to showcase what services are available to all dispensing practices.

The Wednesday programme includes a Forensic analysis of Funding for Primary Care by Dr David Jenner. He will bring his acute analytical slant to unravel all the smoke and mirrors that the headlines about funding for GPs brings. Dr Emma Watts will be discussing "How the RCGP is recognising rural general practice and the threat to business viability as services are centralised" – time to see what the RCGP is doing for rural general practice.

All delegates and exhibitors are invited to attend a Drinks Reception, sponsored by the DDA, at the end of Day 1. This is a great opportunity to network in a relaxed atmosphere.

Day 2 includes talks by a Practice Manager and a PCN Pharmacist, both of whom will be espousing their particular roles in maintaining dispensary viability. Our friends from the NHSBSA will be on hand to assist practices in ensuring they benefit from the correct monthly returns, reducing disallowed and returned items.

The DDA Quizmasters are already gathering ideas for questions. Last year, numerous delegates voted it the best session of the conference – something the Quizmasters are determined to replicate.

Dr Philip Koopowitz will conclude the conference with an in-depth look at how to improve profitability and the tools available to assist practices.

The conference is free of charge to DDA member practices and includes light refreshments throughout both days.

To Register click **HERE**.



# The benefits of financial forecasting for general practice

2025/26 already looks set to be another challenging year for general practices, but why will some thrive while others struggle to keep up? Part of the answer will be down to vigorous financial controls - which all start with good forecasting.

## Current challenges

Staff costs continue to rise, including increases in employer NIC, and while the 2025/26 NHS contract is now being applied, including 2.8% global sum uplift to fund anticipated salary increases - will that be enough? The 7.2% cash growth on the contract funding is seen as a significant move in the right direction and the biggest increase in general practice funding in over a decade. However, part of this funding is from recycled QOF monies and, therefore, practices will remain concerned about tightening cashflow.

Many practices will also be facing software and systems investment decisions to meet the NHS expectations to move from analogue to digital systems. Forecasting will help steer your practice through this changing landscape of primary care and allows you to react quickly to any further changes that may occur.

## How can a practice forecast?

Preparing a line-by-line forecast of anticipated income and expenditure, together with details of the assumptions applied; means that practices have a clear view of their finances and can quickly revisit these and update them as new details emerge.

Areas for consideration include:

### For income

- Changes to local funding from ICBs along with Enhanced Services additions/amendments announced in the 2025/26 contract changes.
- Contract changes to the structure and split of PCN income. Discuss how your PCN plans to distribute funding throughout the year.
- Services/funding that you know to have reduced or ceased.
- Are there any specific drivers for the future?

### For expenditure

- The cost impact of the government increases to national living wage and national minimum wage, along with NIC uplifts.
- Can any roles be reimbursed from PCN Additional Roles Reimbursement funding or are any included in the ARRS roles expansion within the 2025/26 contract updates?
- Is there technology/AI/software available that the practice can embrace to reduce the need for staff overtime?
- Are there potential ways to minimise routine locum spend next year? Decide on a level of ad hoc spend to cover any unplanned or non-reimbursable cover.
- What property or equipment upgrades are needed and there is any ICB or PCN funding available for these?

For more information please contact:

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E: [louise.barter@bdo.co.uk](mailto:louise.barter@bdo.co.uk)

## Bringing it all together

Once your income and expenditure positions are established, your budgeted position can be used as the basis of cashflow forecasting and the impact on the timing of payment and receipt of these income and expenditure items throughout the financial year. Cashflow forecasts can be produced using specific software or simply formulae driven (based on your income and expenditure budgets) to illustrate the net cashflow impact.

Regular reviews of actual performance against forecast, along with projected cashflow position, allow for agile and pro-active decision-making. Making your practice ready for any changes that may occur throughout the year. Finally, a detailed and regularly updated forecast gives you a clear baseline profit and cash estimate that guides your decisions on investments, improvements, and partner drawings - putting you in control.

If you would like assistance with preparing forecasts, please get in touch with our team.

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# LUNCHTIME Tutorials

## JULY

- 8th July- NHSBSA & Dispex Batch & Switching (W\*)
- 9th July- Understanding The dm+d
- 16th July- Endorsing for Dispensing Practices

## SEPTEMBER

- 9th Sep- NHSBSA & Dispex Endorsing inc Referred Backs (W\*)
- 17th Sep- Controlled Drugs Part 2

## OCTOBER

- 7th Oct- NHSBSA & Dispex Batch & Switching (W\*)
- 8th Oct- PAs and VAT - An easy-to-understand guide
- 15th Oct- DSQS Guidance

**DISPEX**  
EDUCATION

**Tutorials:** 1pm-2pm

**NHSBSA & Dispex Webinars:** 1pm start

**DispexCD Webinars:** 12pm start

### Delegate Prices:

**Members:** £50+vat pp/ps

**Non Members:** £100+vat pp/ps

**W\*:** webinar- Free members' only event



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*If you're passionate about dispensing and love helping others, we'd love to hear from you!*

## BECOME A DISPEX TUTOR!



## Colecalciferol – Bringing Sunshine to your patients - Part 3

By Dr Philip Koopowitz – Director Dispex

Many dispensaries have a range of dosages, forms (capsules, tablets, liquids) as well as many different brands of Vitamin D on their shelves. This month we look at rationalising prescribing, and consequently rationalising dispensing, to ensure the patient gets the right product at the right price for the NHS whilst ensuring continuing viability of dispensaries at a time when the pressures from ICBs, Health Boards, low reimbursement prices and decreased product availability squeeze already stretched dispensaries.

The BNF suggests the following Indications and dose for Vitamin D:

### Treatment of vitamin D deficiency (Loading dose)

By mouth - Adult

50,000 units once weekly for 6 weeks

Alternatively 40,000 once weekly for 7 weeks

Alternatively 4,000 units daily for 10 weeks

Different loading regimens can be used to achieve a cumulative total of approximately 300 000 units divided into daily or weekly doses over 6–10 weeks.

There are a number of combinations of strengths and forms (capsules/tablets) which can be prescribed to achieve the recommended loading doses:

- 4,000unit caps/tabs – one daily for 7 weeks – 70 caps/tabs
- 20,000unit caps/tabs – two weekly for 7 weeks – 14 caps/tabs
- 25,000unit caps/tabs – two weekly for 6 weeks – 12 caps/tabs
- 40,000unit caps (only) – one weekly for 7 weeks -7 caps
- 50,000unit caps/tabs – one weekly for 6 weeks – 6 caps/tabs

The BNF suggest the following **monitoring** of patient parameters –

When used for Treatment of vitamin D deficiency, **calcium concentration** within 1 month after starting maintenance dosing. This should allow the prescriber to ensure they are offering the optimum dose to all patients. Routine monitoring of plasma-25-hydroxyvitamin D concentration is not needed, but may be considered 3–6 months after starting treatment in some cases e.g. patients with symptomatic vitamin D deficiency or malabsorption, those taking antiresorptive therapy, or where poor compliance is suspected.

Please click [here](#) to read in full



## Induction of new staff in the Dispensary

By Kirstye Todd- Dispex Consultant

For dispensing doctors' practices, effective staff induction is crucial to ensuring seamless patient care and maintaining compliance with NHS and other regulatory bodies. New staff must quickly adapt to a highly regulated environment, where patient safety and confidentiality are paramount. A well-planned induction ensures that new employees become confident, competent, and aligned with the practice's objectives from the very beginning.

### Why a structured induction process matters:

**Patient safety and care:** Ensuring new staff are well-trained from the outset reduces the risk of dispensing errors and ensures adherence to clinical best practices.

**Compliance with regulations:** Dispensing practices must comply with NHS standards and Controlled Drug (CD) regulations. Proper onboarding ensures new staff understand these legal frameworks.

**Professional development:** A well-organised induction aids in the professional development of staff by ensuring they understand their responsibilities from day one, boosting confidence, and helping retention rates.

### Preparation before the induction

**Clear job role:** Before the new employee starts, ensure their role is clearly defined, including responsibilities, the scope of practice, and expectations.

**Pre-induction pack:** Send an induction pack before their start date, which may include the practice's code of conduct, NHS guidelines, key policies (e.g., data protection), and any other useful resources. Click [here](#) to read in full.



# The Electronic CD Register

## *FREE FOR MEMBERS*

Your dispensary team can register to the DispexCD platform. Simple to set up, straightforward to use and adjustable to fit your existing workflows. DispexCD helps to eliminate calculation errors and misread handwriting, therefore dispensaries using the platform have fewer discrepancies and errors - saving valuable time.



Please read through our **New User Guide** and **FAQs** document. We also provide users with online **SOPs** and phone support. Finally, please take a moment to view the **terms and conditions** for DispexCD. PLEASE NOTE: During the initial **registration** you must use a generic dispensary/practice email address, you add ALL users afterwards!



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"We've been using DispexCD for several months' now, we'll never go back to paper. Shouldn't have waited so long to go electronic".

DISPENSARY MANAGER IN LINCOLN

"The registers have been a great success with the staff".

PRACTICE MANAGER IN NORFOLK

"We've started using the electronic CD register. Can't believe it's that easy- thank you so much".

DISPENSER IN KETTERING

"We had our CQC inspection today, the inspector was impressed that we have moved over to the Dispex online registers".

DISPENSARY MANAGER IN KENT



# DISPEX ANSWERS

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

*dispex.net*



Q

We have a Dispenser saying it is a legal requirement for us to hold Naloxone in stock within our dispensary- I can't find any legislation confirming this, please could you advise?

Dispex members can login **here** to find out the answer.

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

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## Ask the Experts

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



dispex.net



enquiries@dispex.net



01604 859000 (10am-12pm)



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