

# DDGazette

YOUR MONTHLY DISPENSARY GAZETTE

**News and Updates on Dispensing Doctor Issues**

## *Season of Change*



## **DDA Conference Presentation Summary**

**Practical Tech, AI, and the Dispex Advantage –  
Making Dispensing Easier and More Profitable**



As the clocks go back this month, practices are facing more than just a seasonal change, they're also navigating further financial adjustments. The recently published dispensing fee scale brings a modest increase, with an average rise of 8 pence per item. However, the Category M prices for October have also been released, and the outlook is less encouraging. Please see pages 3 & 8 for further details.

Last month, the Dispex Team attended the DDA Conference, where we reconnected with familiar faces and met new delegates. The event also provided the perfect platform to showcase our exciting new partnership with e-CASS. If you were unable to attend the conference, but would like to learn more about the cascade ordering system, we invite you to **book** your free place on our webinar on **22nd October**. This event is also essential for dispensaries already using e-CASS and will offer a chance to explore the formation of a Dispex/e-CASS User Group, should there be sufficient interest.

Our Essential Dispensary Manager's Guide proved incredibly popular at the conference, with stock almost selling out. We currently have only five printed copies remaining, and no additional reprints are planned until 2026. To secure one, please contact the office as soon as possible. For those who missed Ankit's talk at the conference, we've provided a summary on pages 5 & 6.

Looking ahead, we are already preparing for next year's DDA Conference, which will once again take place at the National Conference Centre, Birmingham. The two day event will take place on Wednesday **30 September** and Thursday **1 October 2026**. Keep an eye on the DDA conference page for updates and we look forward to welcoming you to what promises to be another inspiring and insightful event.

Best Wishes,  
**Claudy Rodhouse**  
Dispex Design and Editorial Coordinator

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# Otigo<sup>®</sup>

(phenazone/lidocaine hydrochloride)  
40 mg/10 mg/g ear drops, solution

## Treat the pain, reduce antibiotic use.<sup>1,2</sup>

Focus treatment of acute otitis media  
on effective pain relief with Otigo.

A dispensing doctor can make  
a personally administered  
(PADM) claim for Otigo.<sup>3</sup>

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anaesthetic, anti-inflammatory,  
analgesic ear drops.<sup>4</sup>

Recommended by **NICE**<sup>1</sup>  
To read the **NICE** guidance click [here](#).

For local symptomatic treatment and relief of pain in the following diseases of the middle ear without tympanic perforation: acute, congestive otitis media; otitis in influenza, the so-called viral bullous otitis; barotraumatic otitis.<sup>5</sup>

**References:** 1. Otitis media (acute): antimicrobial prescribing NICE guideline NG91 Updated: March 2022. 2. Hay AD, et al. Anaesthetic–analgesic ear drops to reduce antibiotic consumption in children with acute otitis media: the CEDAR RCT. Health Technol Assess 2019;23(34). 3. DM+D Actual Medicinal Product pack (AMPP) <https://dmd-browser.nhs.uk> (Accessed: September 2025). 4. MHRA products page <https://products.mhra.gov.uk/>. (Accessed: September 2025). 5. Otigo SPC June 2025.



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# When is a PA Not a PA?

Personally administered items and NHSBSA reimbursement have caused confusion to many dispensaries, over many years. The words “Personally Administered” seem to be a contributing factor driving this confusion. In addition, as NHSBSA and HMRC have separate rules for how they deal with these items, it can seem even more complex.

In this article, I am only going to deal with medication that is deemed personally administered by NHSBSA, but is deemed to be Zero-Rated from a VAT perspective and thus you can claim the full VAT back from HMRC.

To check whether a product is deemed personally administered by NHSBSA, you will need to check the Dictionary of Medicines and Devices (DM+D). Click [HERE](#) for the link to the DM+D Search browser. Using Otigo®, a treatment for acute otitis media, which comes in a 15ml bottle with a dropper, if you search and click on Otigo® on the right-hand side (AMPs), you will get a page which shows the Pack size and Indicative Price.

## Actual Medicinal Product Pack (AMPP) information

| Pack Size            | Indicative Price | Discontinued |
|----------------------|------------------|--------------|
| <a href="#">15ml</a> | 892              |              |

It is very important to click on the Pack size – 15ml, which takes you to the page which shows Prescribing Information and Reimbursement Information.

## Prescribing information

|                       |                                |
|-----------------------|--------------------------------|
| <b>PADM indicator</b> | Attracts an Administration Fee |
|-----------------------|--------------------------------|

## Reimbursement information

|                             |                   |
|-----------------------------|-------------------|
| <b>Prescription Charges</b> | 1                 |
| <b>Dispensing fees</b>      | 1                 |
| <b>Special container</b>    | Special container |

If there is a PADM Indicator which says, “Attracts an Administration Fee” (AAF), then it is considered a PA by NHSBSA. When processing, that prescription will automatically recognise it as an AAF and you will automatically be reimbursed the Basic price, minus clawback, plus a VAT Equivalent fee. The VAT Equivalent is automatically calculated as 20% of the Basic price minus the clawback. You do not necessarily need to add PA to the script. Scripts not batched with other PAs will still be recognised and the reimbursement will happen automatically. It is very important to note that “Attracts an Administration Fee” applies ONLY to GPs, whether they are dispensing doctors or non-dispensing doctors, and does NOT apply to pharmacies.

## The rules around AAFs are:

- The VAT Equivalent will be calculated and reimbursed automatically
- There is no need to add PA to the script

*Continues on next page...*



- All AAFs dispensed by GPs should be free of charge, if patients pay for their prescription. If they collect the same prescription from a pharmacy, they will need to pay the prescription charge if they do not qualify for free prescriptions.
- All AAFs can be dispensed to both dispensing and non-dispensing patients

To calculate reimbursement, using Otigo® as an example (as Otigo® contains the local anaesthetic lidocaine, it is deemed as AAF by NHSBSA)

Basic price = £8.92  
 Discount clawback (11.18%) = £1.00  
 VAT Equivalent = 20% x  
 (Basic price minus clawback)  
 = 20% x (8.92 - 1.00)  
 = £1.58

Reimbursement = Basic price minus  
 clawback plus VAT equivalent  
 = £8.92 - £1.00 + £1.58  
 = £9.50

As Otigo® is Not Actually administered in the practice, but is taken away from the practice in a bag, it is deemed to be Zero-rated from a VAT perspective and thus you can claim the full VAT paid on the discounted price back from HMRC.

As Otigo® currently has a full Wholesaler discount from Alliance, the discounted price is £7.85. As you can see the Margin on Otigo® is £1.66.

And you need do nothing more than dispense the medication and ensure that it is not added to the list of drugs which are VAT Exempt, such as flu jabs, Hydroxocobalamin, Depo-provera etc, for which you CANNOT reclaim VAT.

|               | Basic price | Clawback | VAT  | Reimbursement | Cost | Discount | Net cost | Margin | % Profit |
|---------------|-------------|----------|------|---------------|------|----------|----------|--------|----------|
| Otigo® x 15ml | 8.92        | 1.00     | 1.58 | 9.50          | 8.92 | 1.07     | 7.85     | 1.66   | 18.58%   |

Next month we will deal with AAFs that are VAT Exempt, and might have some news about a possible MDS for Otigo®.

## Category M Update

Category M prices for October have been published and it does not make good reading.

### Another Category M kick in the teeth:

There are 3 new Category M products –

| Product  | Pack Size |
|--|-----------|
| Fluticasone propionate 50micrograms/dose / Azelastine 137micrograms/dose nasal spray | 120       |
| Sitagliptin 50mg / Metformin 1g tablets  | 56        |
| Venlafaxine 37.5mg modified-release capsules   | 28        |

There are 45 products whose price has **DECREASED** buy £2.00 or more.

Login [here](#) to read more.

## Generics Costing More Than Tariff

Generics Costing More Than Tariff updated with October data. Note that there are fewer generics on the list as we are now using the e-CASS best prices. Click [here](#) to login to view the generics table.

## Recent Active SSPs Updates

| Name of SSP \ ref no.  | Start and end date  | Supporting guidance  |
|--|---|--|
| <a href="#">SSP082 Estradot® 25 microgram patches (PDF 218KB)</a>  | 03 April 2025 to 05 December 2025<br><br>This SSP was amended on 01 October 2025    | <a href="#">Estradot® 25 microgram patches supporting guidance plus Q&amp;A (PDF 119KB)</a>  |
| <a href="#">SSP081 Estradot® 100 microgram patches (PDF 215KB)</a> | 19 December 2024 to 05 December 2025<br><br>This SSP was amended on 01 October 2025 | <a href="#">Estradot® 100 microgram patches supporting guidance plus Q&amp;A (PDF 118KB)</a> |
| <a href="#">SSP080 Estradot® 75 microgram patches (PDF 219KB)</a>  | 19 December 2024 to 05 December 2025<br><br>This SSP was amended on 01 October 2025 | <a href="#">Estradot® 75 microgram patches supporting guidance plus Q&amp;A (PDF 119KB)</a>  |
| <a href="#">SSP079 Estradot® 50 microgram patches (PDF 219KB)</a>  | 19 December 2024 to 05 December 2025<br><br>This SSP was amended on 01 October 2025 | <a href="#">Estradot® 50 microgram patches supporting guidance plus Q&amp;A (PDF 120KB)</a>  |

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*Indicated in men with high risk localised, locally advanced and metastatic prostate cancer.<sup>1</sup>*

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for Prescribing  
Information and AE  
reporting.



Always consult the SmPC before prescribing.



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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PHARMA

10106062711 v2.0 May 2025





# Summary of Ankit's DDA Conference Presentation

## Practical Tech, AI, and the Dispex Advantage – Making Dispensing Easier and More Profitable

At September's DDA Conference, our Director Ankit, delivered an insightful presentation that left attendees with a powerful sense of just how far Dispex has come and how much further we can take dispensing practices. For members and non-members alike, it was a whistle-stop tour of the tools, training and innovations that make Dispex the second-largest organisation supporting dispensing GPs after the DDA itself.

### Dispex: Saving Time and Driving Profit

From the start, Ankit reinforced our dual focus: increasing practice profitability while saving staff time. Using practical examples, he showed how practices can typically generate thousands of pounds in additional income through Dispex resources:

- Generics costing more than tariff – up to **£10,000/year**.
- Brand comparisons – worth **£7,000/year**.
- Dispensing-friendly formularies – another **£8,000/year**.
- Pop-up prescribing Nudgers – saving **£6,000/year** *while still leaving the final decision with the clinician*.

By the end, the figures spoke for themselves: an average practice could save over **£40,000** annually and reclaim more than **121** staff hours-the equivalent of **three weeks of a full-time employee**.

### Practical Tools for Everyday Dispensaries

The presentation highlighted the wide range of ready-to-use resources available to members:

- **Standard Operating Policies** – instantly downloadable, eliminating the stress of writing them from scratch.
- **PCSE Drug Statement guides** – simplifying complex processes.
- **Dispensary Management & Prescription Clerk**

**guides** – essential reference texts for daily operations.

- **Dispex CD Register** – fully NHS compliant and easy to use, saving practices around **£300** per year.

These are more than just documents, they are practical time-savers that can reduce staff workload by hours each week.

### The Rise of Dispex AI

One of the highlights of Ankit's talk was the introduction of Dispex AI, launched just last year. It's already answered thousands of practice queries and continues to improve monthly. Examples included everything from calculating DRUMS, drafting full DSQS audits, and creating SOPs, to producing staff or patient leaflets on demand.

This isn't a gimmick, it's a genuine support tool that could save **50 hours a year** for the average practice, while helping managers and teams feel more confident with audits, compliance, and communication.

### Training, Mentorship, and Community

Beyond tools and tech, Ankit also emphasised the human side of Dispex. He showcased our:

- **Dispensary Managers Mentorship Programme** – 20 hours of one-to-one, role-focused training delivered over several months.
- **WhatsApp group for members** – fostering real-time peer support.
- **Regular training events** – from VAT and batch submission workshops, all at discounted rates for members.

This combination of mentorship, training, and community is designed to ensure no dispensary team feels they're navigating challenges alone.

*Continues on next page...*

# NEW Dispex Labs

## Looking Ahead: Innovation on the Horizon

The session closed with an exciting preview of Dispex Labs, where new ideas are being tested, including a GMS & Drug Statement Checker that could instantly transform raw data into actionable insights. Ankit gave just enough of a teaser to leave the audience wanting more, hinting at the innovation pipeline that keeps Dispex ahead of the curve!

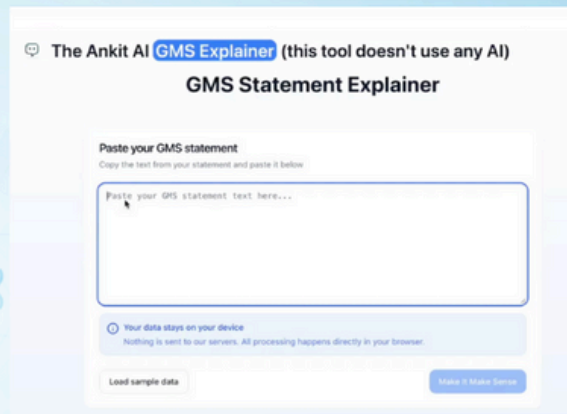
Those present at the conference saw first-hand how Dispex blends technology, training, and expert guidance to deliver measurable impact. Whether it's saving thousands of pounds, freeing up weeks of staff time or providing reassurance through mentorship and AI support, Ankit's message was clear: ***Dispex isn't just an add-on for practices, it's an essential partner in making dispensing easier, more profitable, and future-ready.***

## On the Stand



Our Essential Dispensary Manager's Guide was a huge hit at the conference, with stock nearly selling out! Equally in demand was Kirstye's availability for her Dispensary Managers Mentorship Programme. If you're hoping to enrol this Autumn, please note that places are limited and allocated on a first-booked, first-served basis. The programme consists of 20 sessions and typically runs between 3 and 6 months, depending on delegate availability. Please **email** the office to enrol.

At the conference, Kirstye had the pleasure of meeting three of her participants Shilpa, Caitlin and Beth - now



proud recipients of the UK's first-ever Certificate in Dispensary Management! They shared glowing praise for both the programme and Kirstye herself.



For Beth, the real value of the programme lies in its practical nature *"It's a fun professional way to learn new things or brush up on things you thought you already knew- I learnt a lot."* She has already introduced several positive changes, including patient feedback processes, improved CD handling, and the use of privacy screens at collection points.

Shilpa highlighted Kirstye's wealth of knowledge and abundant experience, reflecting on the strong guidance she received: *"I felt well supported and guided by my mentor and have implemented changes to competency assessments, audits, and SOPs."* Shilpa would recommend the programme to others, saying *"Dispensary business manager roles can feel isolated, but this mentorship gave me confidence that I'm on the right track. Kirstye tailored sessions to my needs, I was confident in some areas, but needed extra support in others and this programme was perfect to fit my needs. I could share ideas openly, ask questions freely, and gained the extra support I needed."*

*We hope to see more of you at next year's conference. Should you have any questions following the event, please reach out by **email**.*



# MENTORSHIP FOR

## Dispensary Managers

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- ✓ 6 Month Programme ( max)
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Workshop Series Overview [HERE](#)



The first Certificate in Dispensary Management in the UK

# New Dispensing Fee Scale

## October 2025



There has been a small increase in the Dispensing Fees, which will amount to an average 8 pence per item more. Practices are reminded that the scale relates to items assigned to each GP, whether they are a partner or salaried. All prescriptions assigned to other prescribers e.g. Nurse Practitioners, Community prescriptions, Hospital prescriptions and Dental prescriptions will automatically be added to the most senior partner within the practice.

This will increase the number of items for that individual and as you can see, the more items an individual GP submits, the lower the dispensing fee for all those items. If you spread the items relatively evenly between the GPs, this can increase your fee per item by up to 10 pence, which is not insignificant. Most clinical systems have a way of allocating the prescriber to distribute the repeat prescriptions generated more evenly. The Fee Scale can be found in the **Informatics section** of the Dispex website.

| Total prescriptions calculated separately for each individual dispensing practitioner, in bands | From April 2025<br><br>Prices per prescription in pence | Total prescriptions calculated separately for each individual dispensing practitioner, in bands | From October 2025 | Increase per item |
|---|---|---|-------------------|-------------------|
| Up to 464   | 229.0   | Up to 480   | 238.1             | 9.1               |
| 465 – 581   | 225.7   | 481 – 601   | 234.7             | 9.0               |
| 582 – 698   | 222.8   | 602 – 722   | 231.6             | 8.8               |
| 699 – 813   | 220.0   | 723 – 841   | 228.6             | 8.6               |
| 814 – 931   | 217.3   | 842 – 963   | 225.9             | 8.6               |
| 932 – 1045  | 215.0   | 964 – 1081  | 223.5             | 8.5               |
| 1046 – 1453   | 212.8   | 1082 – 1503   | 221.2             | 8.4               |
| 1454 – 2034   | 210.8   | 1504 – 2103   | 219.1             | 8.3               |
| 2035 – 2324   | 208.9   | 2104 – 2403   | 217.2             | 8.3               |
| 2325 – 2906   | 207.3   | 2404 – 3005   | 215.5             | 8.2               |
| 2907 – 3485   | 205.9   | 3006 – 3604   | 214               | 8.1               |
| 3486 – 4067   | 204.7   | 3605 – 4206   | 212.8             | 8.1               |
| 4068 – 4646   | 203.6   | 4207 – 4804   | 211.6             | 8.0               |
| 4647 and over   | 202.8   | 4805 and over   | 210.8             | 8.0               |



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# The stock ordering software that puts you in control

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See net pricing in one place

**Dashboard**

**August Total Spend**

| Category | Spend (£) |
|----------|-----------|
| AAH      | 12,000    |
| ACC      | 10,000    |
| ALL      | 7,000     |
| COL      | 9,000     |
| ETH      | 7,000     |
| OTC      | 10,000    |
| OFF      | 8,000     |

**Recent Orders**

| Date of Order  | PMR Order ID | Number of Lines | Total Cost | Actions |
|----------------|--------------|-----------------|------------|---------|
| 10/06/23 10:20 | EW1000002    |                 |            |         |
| 10/06/23 10:15 | EW1000003    |                 |            |         |
| 10/06/23 10:04 | EW1000004    |                 |            |         |
| 10/06/23 09:35 | EW1000005    |                 |            |         |
| 10/06/23 09:34 | EW1000006    |                 |            |         |

**Dapagliflozin tablets 10mg 28**

Trade or Tariff Price: £36.59 (After Clawback: £32.57)

| Product                       | Supplier | Price  |
|-------------------------------|----------|--------|
| Dapagliflozin tablets 10mg 28 | Bestway  | £16.63 |
| Dapagliflozin tablets 10mg 28 | AAH      | £25.58 |
| Forxiga tablets 10mg 28       | Alliance | £36.58 |

**Dapagliflozin tablets 10mg 28** - 0 + Add to Cascade Order Pad

| Last Order Response | Below Tariff | Below Clawback | Actions |
|---------------------|--------------|----------------|---------|
| 1 mins              | Yes          | Yes            | - 3 +   |
| 8 mins              | Yes          | Yes            | - 0 +   |
| 16 hours 24 mins    | No           | No             | - 0 +   |

Up to date availability & pricing

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Book your demo

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# Dispex - Innovating with e-CASS



## Dispex and Cascade Systems – Collaboration with Cambrian Alliance and the use of their ordering platform e-CASS

For a very long time Dispex has been looking to design the PERFECT medication ordering system. We set out with the following objectives:

- Ease of use by dispensers
- Brands go to the correct wholesaler
- Excellent choice, prices and comparison for generics
- Parallel Imports compared against discounted brand prices
- WYSIWYG – What You See Is What You Get – Net pricing

We had already been running the Spot Order Pad, but it has its limitations. After meeting with Cambrian Alliance and spending some time doing a deep dive into what their ordering platform e-CASS provides and what Dispex can add to enhance e-CASS's ordering system for dispensing doctors, we are pleased to announce Dispex's collaboration with e-CASS.

### e-CASS already provides:

- Net Pricing on brands
- Great net pricing on generics
- Tariff and Clawback price visible
- Stock status across your wholesalers
- Ease of use for dispensers

Having seen first-hand how easy the e-CASS system is to use and how intuitive it is for dispensers to use without having to worry which wholesaler a product should be ordered from, we are confident that the switch to e-CASS can be dealt with painlessly.

Dispex has analysed practices' Gross Dispensing Profit (GDP) after switching to e-CASS and utilising the Profitability tools available on the Dispex website and have found a significant improvement in GDP one year on. By significant, we mean at least a 10% increase in profitability, sometimes much higher.

e-CASS provides comprehensive profitability analysis tools within their platform incorporating NHSBSA Reimbursement and Clawback. This can be summarised by supplier and product category, with a full list of all lines ordered via e-CASS so full in-depth analysis can be carried out.

Working with e-CASS, we have developed **Dispex Templates** for directing orders to the appropriate wholesaler. Not all wholesalers offer the same discount on the same product. Using the Dispex Template, branded products will be automatically directed to either Alliance or AAH, depending upon which wholesaler it is best to use. Individual dispensaries can override the Dispex Templates. There are some solus products which are much more profitable to order via PSUK and these products have been blocked from being ordered via e-CASS. Freestyle Libre has also been blocked so that dispensaries can benefit from the discount if ordered directly from Abbott.

The Dispex Templates will be updated monthly and automatically downloaded to each dispensary's e-CASS ordering system, unless opted out. This is available for **Dispex members only**.

Given PSUK does not issue a net price list for generics they have chosen not to engage with e-CASS and so we have created Dispex Templates for those PSUK members who wish to continue ordering their brands from PSUK, but have access to e-CASS's great generic prices (which are net – WYSIWYG). The Dispex Templates for PSUK users have been set to block e-CASS from ordering the PSUK brands that offer discount, and cascade the remaining brands to either Alliance or AAH (depending upon which the dispensary chooses as their second line).

Cambrian Alliance/e-CASS negotiate prices from wholesalers on behalf of 1,200 Dispensing Doctors and Independent Pharmacies across the UK. Dispex has compared the generic prices offered via e-CASS against the main full-line and short-line wholesaler offerings (including their loyalty and membership

*Continues on next page...*

bonuses) and found that taking advantage of these prices alongside using e-CASS to ensure you always make the right purchasing decision across your wholesalers will significantly improve your purchasing margin.

e-CASS offers access to generics from AAH, Alliance Healthcare, B&S (Colorama), Bestway, Clarity, OTC Direct, Ethigen, Trident, Actavis, and TEVA. Dispensaries can sign up to as many or as few as they wish. Some of the generics suppliers have minimum order thresholds for free delivery and the e-CASS team will inform dispensaries who sign up.

In addition to the great generic prices, and the cascading of brands to the most appropriate wholesaler, e-CASS also offers Brand Deals from Cipla, Gedeon Richter, Leo, NAPP and Orion. These deals are in addition to any discounts you already receive from your full-line wholesaler either via Qualifying Ethical/Eligible Medical status, Reduced Wholesaler Discounts and Manufacturers Discount Scheme (MDS). Some of the deals will offer a Forced Switch to that manufacturer's brand when a generic is ordered. Some of the Brand Deals offer the opportunity to select which products dispensaries may wish to switch, whilst some are an all or nothing switch across their range. Dispex has analysed the e-CASS Brand deals and made suggestions as to which ones should be signed up to – these suggestions will be downloaded for Dispex member practices alongside the Dispex Templates. Dispensaries can opt in or out as they see fit.

To benefit from the e-CASS-Dispex collaboration, existing e-CASS users who are already Dispex members need to notify Cambrian Alliance/e-CASS as well as Dispex, so that the appropriate Dispex Templates can be downloaded, if requested. e-CASS users who are not Dispex members will need to **sign up** to Dispex in order to benefit from the Dispex Templates.

Both Dispex members and non-members who wish to explore signing up to e-CASS, can register by sending their **practice details and their first & second line wholesalers** to [enquiries@dispex.net](mailto:enquiries@dispex.net). Dispex members can access e-CASS with all the added Dispex benefits as part of their membership. If you are not yet a Dispex member, now is the perfect time to join and start enjoying these advantages.



# DISPEX



Cambrian  
Alliance Group



e-CASS  
A Cambrian Alliance Innovation

## Dispex LIVE III FREE WEBINAR

### Dispex and e-CASS: Driving Profitability Together



Wednesday  
22nd October



1-2pm

SCAN  
ME  
BOOK NOW



BOOK NOW



Dispex - Innovating with e-CASS





REGISTER NOW

# DispexCD

## The Electronic CD Register

# DISPEXCD



### Easy to use

There is nothing to install as DispexCD runs on your computer's existing internet browser. Allowing you to save space and eliminate the need for paper CD registers.



### Safe & Secure

DispexCD is a cloud based technology. The data is encrypted whilst sent, and is encrypted at rest in the database.



### Support

We'll be here to support you both during the setup process and beyond.

## FREE account for members

DispexCD helps to eliminate calculation errors and misread handwriting, therefore dispensaries using the platform have fewer discrepancies and errors - saving valuable time. **Legally compliant & supports NICE best practice.**

MEMBERS ONLY



JOIN HERE



### Dispex Members' Group: Sharing Knowledge, Solving Problems, and Supporting Each Other

Over the past few weeks, the Dispex members' WhatsApp group has been buzzing with practical advice, important updates and plenty of supportive discussion. From pricing changes to clinical queries, the group continues to prove itself as a go-to hub for dispensary teams across the country.

#### Key Industry Updates

- **Price Concessions & Category M-** we shared news that the first price concessions were live on the Dispex website, along with updates to the Generics Costing More Than Tariff tool. Later in the week, concern grew as October's Category M prices were published-accompanied by warnings that they don't make for pleasant reading. Special attention was drawn to dapagliflozin, with advice given on managing prescriptions across the September–October transition.

#### Product & Dispensing Queries

- **Wholesaler Discounts:** We confirmed that no discounts are currently being offered on Nualtra products (Foodlink and Altrapen).
- **Dexcom One CGM System:** Questions arose after some prescriptions were disallowed, only to discover that Dexcom One has been discontinued and replaced by Dexcom+, officially removed from the Drug Tariff in June 2025.
- **Dukoral Cholera Vaccine:** It was clarified that patients do not pay for this item, as it is classed as a PA and attracts an administrative fee.

### Practical Dispensing Challenges

- **Controlled Drugs Registers:** A user asked if a CD is written in the book as generic, eg fentanyl and matrifen is ordered, can we enter under generic or do we need to start a new page for matrifen. Another user came to the rescue and provided guidance.
- **PPCs:** Members exchanged advice on whether PPCs should be dated from the script or registration date, concluding that the key is ensuring collection happens on or after the PPC start date.

### Community Spirit & Events

The group also celebrated the DDA Conference in Birmingham, where Dispex ran a popular stand. Members praised the Dispex team's presentation, guides and warm support- some joked about missing out on the KitKats due to the big crowds around our stand!

### Why Join the Group?

The WhatsApp group isn't just about information, it's about community and confidence. Whether you're double-checking a tricky script, trying to keep up with the latest NHS Drug Tariff changes, or simply wanting to connect with others who understand the day-to-day challenges of dispensing, this group is the place to be.

JOIN HERE





# MEMBERS DISCOUNT ON Omnicell Clear MDS Trays



CL01-DA



XL0L-D



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DUOS



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## PLUS

## CL08s ARE BACK!!

DISPEX

[dispex.net/members-offers/monitored](https://dispex.net/members-offers/monitored)[sales@dispex.net](mailto:sales@dispex.net)

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## RE-AUDIT

With the March 31st DSQS deadline less than 6 months away, now is the time to focus on re-audits. By now you have already completed your annual audit and made improvements, the re-audit is your chance to show how those changes have worked. It's more than a box to tick- it is a way to prove your dispensary's commitment to better care and smarter ways of working.

### Why Re-Audits matter.

A re-audit lets you measure progress. It's about showing that you don't just spot issues- you act on them and improve. For DSQS, it's also about demonstrating that your practice is meeting high standards, which is key to securing that all-important funding.

But it's more than just meeting a requirement. A good re-audit shows your team that their hard work is making a difference and builds confidence in the way you are all working together.

### How to approach your Re-Audit.

Start by looking back at your original audit. What problems did you find, and what did you decide to do about them? Maybe you introduced extra training after spotting frequent dispensing errors or added new steps to your workflow to make things more efficient.

Now, think about how you will check whether those changes worked. Have the errors reduced? Are processes running more smoothly? Are staff feeling more confident?

For example, if your audit showed problems with repeat prescriptions being delayed, your re-audit might look at whether the new system for managing requests has reduced those delays. The re-audit is your chance to see if you are on the right track and adjust things if you're not.

### Celebrate success.

If your re-audit shows improvements, take the time to share the results with your team. Let them know their hard work is paying off. Maybe errors have dropped, workflows are quicker, or patients are happier. Whatever

the outcome, it is worth celebrating. If things have not gone as planned, that's okay too! A re-audit is about learning. Maybe the changes need more time, or you might need to try a different approach. The key is to use what you have learned to keep moving forward.

### Telling your story.

When it comes to submitting your DSQS evidence, think of your re-audit as a story. Show **where you started**, **what you did**, and **how things have improved**.

### For example:

"Our original audit found frequent delays in processing repeat prescriptions. After extra training for our team on our new scanner systems and reorganising our workflow, the re-audit showed a 50% reduction in delays, with requests now processed within 48 hours. This has made a significant difference for both our team and our patients."

By keeping your results simple and clear, you will make it easy to show the progress you have made.

### Keep it simple.

Re-audits don't need to feel overwhelming. They are just a way to check that the changes you have made are working. Take it one step at a time, involve your team, and focus on the difference those changes have made.

Remember, DSQS isn't just about meeting a deadline or securing funding, it's about making your dispensary a better, safer place for patients and your team. With a good re-audit, you can show that your team is improving and that you are all committed to delivering great care. There's still time to get your re-audit done and ready for submission. Take a look back, measure your progress, and share the story of what your dispensary has achieved!



## Why IHT and succession planning is now urgent!

Major changes are already planned that will increase the amount of inheritance tax that families of business owners will pay from April 2026. Aside from new restrictions to IHT business and agricultural property reliefs, from April 2027 families also face new charges when inherited pensions become liable to IHT.

Most GP practice owners will have a succession plan and Will in place to protect their family's future wealth - if you don't, now is the time! But even if you have existing plans, you should revisit those to check that they will remain tax-efficient in future.

### Why the urgency now?

Firstly, any estate or business succession planning takes time. It's important to take stock of your business and personal assets and what they are truly worth - for example, do your business assets actually qualify for IHT business relief?

Factors such as excess cash in the business can affect whether business relief is available at all or whether only limited relief is allowed (i.e. restricted proportionately for non-trading assets held in the business). Whilst a GP Practice will not typically sell their business (the NHS contract is usually handed back to the ICB or passed to a new practice if the partnership ceases), these rules will apply to a pharmacy business.

For example, business premises held in your own name will only qualify up to a maximum of 50% IHT relief on death so there may be no loss of relief under the new rules.

However, if you have held the business premises within a SSAS or SIPP to get 100% relief because a pension fund is currently outside the IHT net - this will also change from April 2027. As no relief will be available on deaths after that date, buying back the property from the pension may now be worth considering.

Secondly, sensible advance planning for the reduced business relief and agricultural property reliefs might involve making lifetime gifts of business or other assets to family members. However, there have been rumours that the Government is considering changing the current IHT rules on lifetime gifts in the Budget on 26 November.

If new limits for gifts are introduced or the current rules on 'potentially exempt transfers' (the seven-year rule) are abolished from Budget Day, this could severely reduce your succession planning options.

Similarly, if there are changes to pensions, such as a reduction in the amount of 'tax-free' cash you can take, this may also affect your wider plans for retirement and succession.

For more information please contact:

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### What should you do?

Start with a review to identify any/all issues with your current assets and plans.

Then you need to carefully think through what you want to achieve in the future and talk to family members, as well as business partners, to establish how they feel about your plans. After that, putting all the tools in place to achieve your goals, from lifetime gifts to Wills and trusts and maybe changes to partnership agreements, can take time - so the sooner you start the better.

Of course, it's never wise to rush into action without taking advice first, but it is sensible to take a close look at your estate and succession plans again now - just in case quick action could help to protect your family's future.

For help and advice please contact our team.



# LUNCHTIME Tutorials

## OCTOBER

- 8th Oct- PAs and VAT - An easy-to-understand guide
- 15th Oct- DSQS Guidance
- 22nd Oct- Dispex and e-CASS: Driving Profitability Together (W)

## NOVEMBER

- 5th Nov- Endorsing for Dispensing Practices
- 11th Nov- NHSBSA Endorsing inc Referred Backs (W)\*
- 26th Nov- Understanding The dm+d

## DECEMBER

- 3rd Dec- Controlled Drugs Part 1



**Tutorials:** 1pm-2pm

**NHSBSA & Dispex Webinars:** 12-1pm

**Dispex & e-CASS :** 1-2pm

### Delegate Prices:

**Members:** £50+vat pp/ps

**Non Members:** £100+vat pp/ps

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

**W:** webinar- Free for all



## WE'RE HIRING

We're seeking  
an experienced  
Dispensing  
Lead to join  
our team.



We're looking for an experienced and friendly Lead Dispenser or Dispensary Manager who is confident delivering training sessions to small groups via Microsoft Teams. Join us in delivering high-quality, dispensary training to practice teams across the country.

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

## BECOME A DISPEX TUTOR!





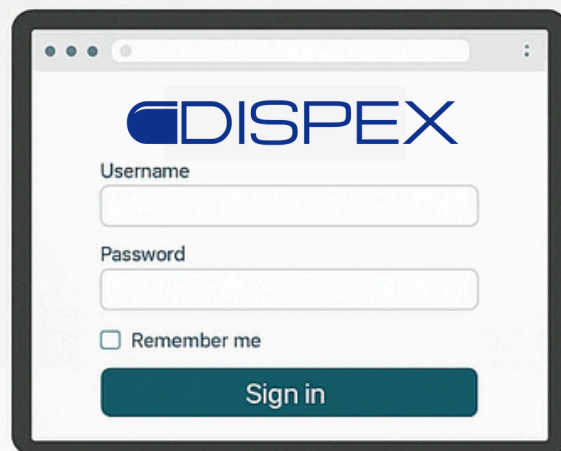
EDUCATION

PROFITABILITY TOOLS

SUPPORT

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Dispex is a trusted and respected name among dispensing professionals, recognised for delivering high-quality content and expert support. By focusing on training, profitability information and dispensing supplies, we enable our members to enhance both the efficiency and profitability of their dispensaries.



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# DISPEX ANSWERS

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

*dispex.net*



Q

We currently offer a home delivery service, however, we have a few patients who choose to use other pharmacies because they are able to post or leave medication when no one is home. Could you clarify whether dispensing practices are permitted to post medication through patients' doors if they are not at home? I have searched for guidance on this but have not been able to find a definitive answer.

Dispex members can login [here](#) to find out the answer.

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

A



## Ask the Experts

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



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



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



01604 859000 (10am-12pm)



Dispex WhatsApp Group



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