

# DDG Gazette

YOUR MONTHLY DISPENSARY GAZETTE

## News and Updates on Dispensing Doctor Issues

### CATEGORY H



CATEGORY C  
 CATEGORY M  
 CATEGORY A



# Dispex Webinar 10th March

## Category H Explained: What It Means for You

Category H represents a significant update to the Drug Tariff, with important implications for dispensing practices. Understanding what it is, why it has been introduced, and how it will affect reimbursement is essential to protecting your dispensing income and avoiding unnecessary confusion. We are therefore hosting a **free** members-only webinar to provide a clear, practical overview of Category H and its impact. The session will be led by Dr Philip Koopowitz and Dr Ankit Kant, and will include dedicated Q&A time to address your specific questions. For immediate insight, including the launch of new Dispex pages for Category H and C, please see pages 2–3 for Philip’s update.

**This is an important update - one you won’t want to miss, click [here](#) for booking instructions.**

### FREE MEMBERS-ONLY EVENT

Non-members are welcome to take out Dispex membership now in order to attend the session and to access the full range of member benefits. To secure your place, please ensure the office receives a completed Direct Debit mandate by 9th of March. Being subscribed to the Gazette does not automatically mean your practice is a Dispex member. While the Gazette is available to all, full access to click-through online articles and our profitability

tools is reserved exclusively for Dispex members. To check your membership status or to request a mandate form please email [sales@dispex.net](mailto:sales@dispex.net).

**DISPEX**  
**CATEGORY H EXPLAINED:**  
 What It Means for You **TUESDAY, 10TH MARCH**  
**FREE MEMBERS-ONLY**  
**WEBINAR**  
**1 - 2 PM**

Members must login to [dispex.net](http://dispex.net) to confirm status

- Key Insights & Implications
- Time for Qs & As
- Hosted by Dr Philip Koopowitz & Dr Ankit Kant

Registration via [dispex.net/training/category-h-webinar/](http://dispex.net/training/category-h-webinar/) Non-members contact us: [training@dispex.net](mailto:training@dispex.net)

### Announcement

We’re delighted to announce the launch of our April – September Tutorials Programme! Please see page 8 for further details.

Best Wishes,

**Claudy Rodhouse**

Dispex Design and Editorial Coordinator

### The Dispensary Gazette

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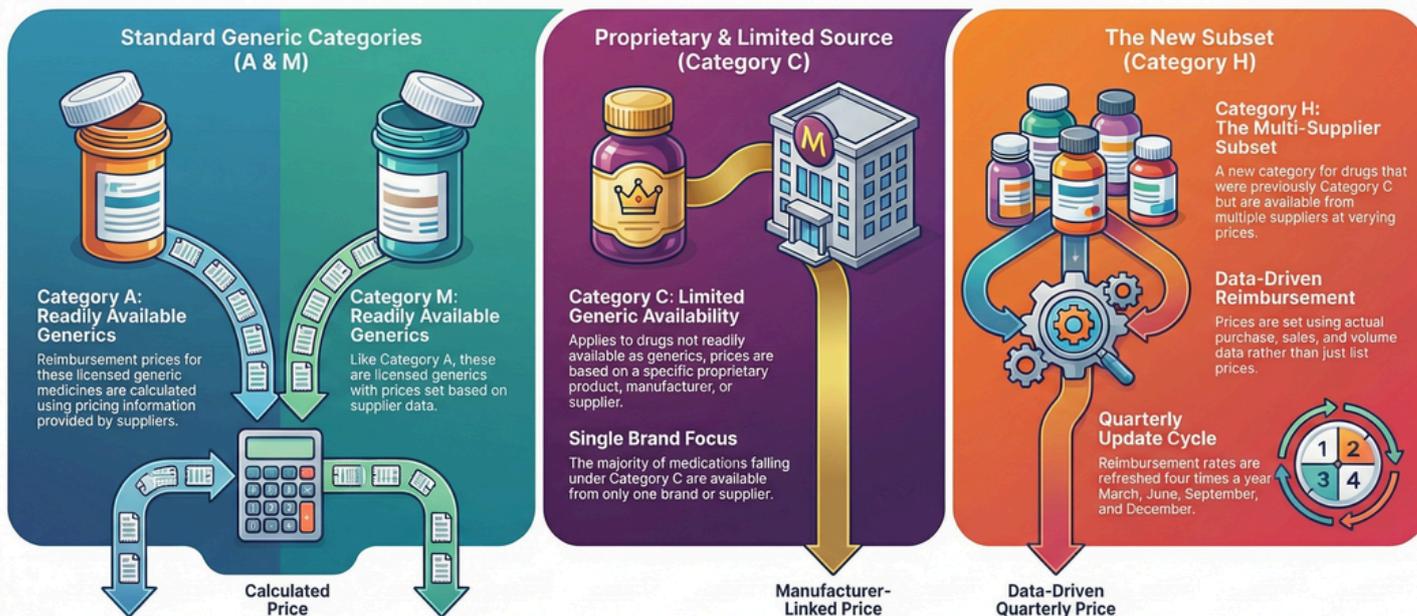
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## Decoding the Drug Tariff: A Guide to Reimbursement Categories



The DHSC announced the introduction of a new Category in the Drug Tariff from 1 March 2026. Someone must have been watching too much Line of Duty and decided to call it Category H.

The premise behind Category H is to reduce the overall NHS drug costs. Unfortunately, the unintended consequences might only become apparent when more pharmacies (and some dispensaries – hopefully no Dispex members) will have to cease trading and therefore reduce patient choice and convenience.

### Categories A, M, C and now H:

**Category A** - Drugs which are readily available as licensed generic medicines. Reimbursement prices are set using information (prices) from suppliers.

**Category M** - Drugs which are readily available as licensed generic medicines. Reimbursement prices are set using information (prices) from suppliers

**Category C** - Drugs which are not readily available as a generic, where the price is based on a particular proprietary product, manufacturer or, as the case may be, supplier.

**Category H** - A subset of Category C drugs with multiple suppliers will be listed in a new category, Category H, in Part VIIIA of the Drug Tariff. The majority of Category C drugs only have one brand or supplier, however, some drugs in Category C are available from multiple suppliers, at different prices if prescribed by brand. DHSC will set reimbursement prices for Category H drugs using actual purchase, sales, and volume data and will be updated quarterly in the following months: March, June, September and December.

The following 11 products have moved from Category C to Category H from March 2026:

Cinchocaine 5mg / Hydrocortisone 5mg suppositories  
**Doxazosin 4mg modified-release tablets**  
 Etodolac 600mg modified-release tablets  
**Isosorbide mononitrate 25mg modified-release capsules**  
 Nicotine 4mg medicated chewing gum sugar free  
**Omeprazole 10mg dispersible gastro-resistant tablets**  
 Omeprazole 20mg dispersible gastro-resistant tablets  
**Omeprazole 40mg dispersible gastro-resistant tablets**  
 Pseudoephedrine hydrochloride 60mg tablets  
**Ursodeoxycholic acid 500mg tablets**  
 Verapamil 120mg modified-release tablets

Working with e-CASS, when the Category H products are ordered on the e-CASS order portal as a generic, it will show the Category H price, as well as the prices of all brands available, minus their discount, thus allowing e-CASS users to select the most profitable product.

Dispex will be publishing the Category H lists on our NEW **Category H Updates** section on our **website**. At the bottom of the Category H Update page we have published Dispex Insights (A members-only resource), using e-CASS ordering portal data, which identifies the most cost-effective purchasing options, be that a particular brand, a parallel imports or a generic. This will allow you to buy better and ensure you minimise losses. Additionally, members can now visit our new **Category C page** to access a list identifying the most profitable brand to order against GENERICALLY prescribed Category C products.

Unfortunately, PSUK is not currently a supplier on e-CASS, so PSUK prices (minus any discounts) will not be available to compare. Dispensaries using e-CASS will not need to worry about which product to order, as e-CASS automatically lists the most cost-effective at the top and many dispensaries default to that in their ordering cascade. This only applies when searching for the Category H products using the generic name.

Continues on next page...

The following Brands are available to be ordered against the Category H generic products:

Category H Generics March 2026	Brands Available according to DM+D
Cinchocaine 5mg / Hydrocortisone 5mg suppositories 12	Proctosedyl suppositories 12
Cinchocaine 5mg / Hydrocortisone 5mg suppositories 12	Uniroid HC suppositories 12
Doxazosin 4mg modified-release tablets 28	Cardura XL 4mg tablets 28
Doxazosin 4mg modified-release tablets 28	Doxadura XL 4mg tablets 28
Doxazosin 4mg modified-release tablets 28	Raporsin XL 4mg tablets 28
Etodolac 600mg modified-release tablets 30	Lodine SR 600mg tablets 30
Etodolac 600mg modified-release tablets 30	Etopan XL 600mg tablets 30
Isosorbide mononitrate 25mg modified-release capsules 28	Elantan LA25 capsules 28
Isosorbide mononitrate 25mg modified-release capsules 28	Isodur 25XL capsules 28
Nicotine 4mg medicated chewing gum sugar free 96 piece	Nicotinell Fruit 4mg medicated chewing gum 96
Nicotine 4mg medicated chewing gum sugar free 96 piece	Nicotinell Mint 4mg medicated chewing gum 96
Nicotine 4mg medicated chewing gum sugar free 96 piece	Galpharm Nicotine Replace 4mg medicated chewing gum 96
Omeprazole 10mg dispersible gastro-resistant tablets 28	Losec MUPS 10mg gastro-resistant tablets 28
Omeprazole 10mg dispersible gastro-resistant tablets 28	Mezzopram 10mg dispersible gastro-resistant tablets 28
Omeprazole 20mg dispersible gastro-resistant tablets 28	Mezzopram 20mg dispersible gastro-resistant tablets 28
Omeprazole 20mg dispersible gastro-resistant tablets	Losec MUPS 20mg gastro-resistant tablets 28
Omeprazole 40mg dispersible gastro-resistant tablets 7	Mezzopram 40mg dispersible gastro-resistant tablets 7
Omeprazole 40mg dispersible gastro-resistant tablets 7	Losec MUPS 40mg gastro-resistant tablets 7
Pseudoephedrine hydrochloride 60mg tablets 12	Sudafed Decongestant 60mg tablets 12
Pseudoephedrine hydrochloride 60mg tablets 12	Care Decongestant 60mg tablets 12
Ursodeoxycholic acid 500mg tablets 100	Ursofalk 500mg tablets 100
Ursodeoxycholic acid 500mg tablets 100	Ursonorm 500mg tablets 100
Verapamil 240mg modified-release tablets 28	Vera-Til SR 240mg tablets (Tillomed Laboratories Ltd) 28
Verapamil 240mg modified-release tablets 28	Vera-Til SR 240mg tablets (Accord-UK Ltd) 28
Verapamil 240mg modified-release tablets 28	Securon SR 240mg tablets 28

In the first tranche of Category H drugs the price differential between the different brands is sometimes minimal and so the Category H prices are not much different from the previous Category C prices, except for Ursodeoxycholic acid 500mg tablets x 100 and Nicotine 4mg chewing gum in a 96-pack size only. Note that the 105 and 210 pack sizes for Nicotine chewing gum have been deleted from the Drug Tariff from 1 March 2026.

Category H generics	Feb Cat C price	March Cat H price	Increase/Decrease in Price
Cinchocaine 5mg / Hydrocortisone 5mg suppositories 12	5.08	4.13	-0.95
Doxazosin 4mg modified-release tablets 28	5.00	5.24	0.24
Etodolac 600mg modified-release tablets 30	15.50	15.56	0.06
Isosorbide mononitrate 25mg modified-release capsules 28	4.22	5.53	1.31
Nicotine 4mg medicated chewing gum sugar free 96 piece	13.57	10.18	-3.39
Omeprazole 10mg dispersible gastro-resistant tablets 28	9.30	9.44	0.14
Omeprazole 20mg dispersible gastro-resistant tablets 28	13.92	14.04	0.12
Omeprazole 40mg dispersible gastro-resistant tablets 7	6.96	6.92	-0.04
Pseudoephedrine hydrochloride 60mg tablets 12	3.00	3.02	0.02
Ursodeoxycholic acid 500mg tablets 100	80.00	69.07	-10.93
Verapamil 240mg modified-release tablets 28	5.55	7.67	2.12

It is our expectation that now the first list of Category H products has been revealed and there are some increases in price and some decreases in price when compared to the Category C price, the DHSC will look at many more Category C products, the majority of which will most probably decrease in price, at the same time as having a detrimental effect on the potential margin that dispensaries can currently achieve. Dispex is currently developing a list of Category C drugs which potentially enhance margins when prescribed generically and the most cost-effective brand/generic is ordered.

# MENTORSHIP FOR Dispensary Managers

## CUSTOMER FEEDBACK

**“If you are considering the Dispensary Manager Mentorship Programme run by Dispex, I would highly recommend it.”**

“ The programme provides a comprehensive overview of all aspects of dispensary management, structured into clear, manageable modules and expertly delivered by Kirstye.

The content is practical, insightful, and immediately applicable, and it has significantly increased my confidence in my role as a Dispensary Manager. The support throughout the programme is excellent, with high-quality materials that enable positive and sustainable changes to be implemented in the dispensary.

Dispex also offers valuable ongoing support beyond the programme, including access to further study days focused on specific areas where additional development may be required. This continued guidance adds real long-term value.

Overall, the programme represents outstanding value for money, and I am confident the knowledge and skills gained will more than repay the investment. ”

Rachael Houseman  
Pocklington Group Practice

[Workshop Series Overview HERE](#) 

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# CAMBRIAN'S COLUMN



## By The Cambrian Alliance Team

### Undervalued, under-supported? Why Dispensary Managers need more help.

Feedback from Jo, a Dispenser at Wickhambrook Surgery and Kirstye, Dispex Tutor and Consultant.

*"I'm doing 40 hours of my 25 contracted now. **It used to be 50.**"*

It makes you do a double take when someone is thankful to be only working 15 hours overtime. But for Jo at Wickhambrook Surgery, managing a 12,000-item, 100% dispensing practice means: *"We don't stop. There are always 2-3 people at the counter dispensing."* With staff, risk assessments, flu season and balancing the books – it's full-on.

*"I don't think people outside understand the work that goes in. Finding stock, training staff, all the legal adherence, and SOPs that need rewriting."*

*The dispensary is doing well - "the team are happy, the partners are happy" but – "I'm knackered. It takes a lot to stay on top of things."*

That frustration, that people outside the dispensary don't understand its importance or what it takes to be successful, is something so many teams relate to.

So, why do so many Dispensary Managers feel undervalued and under-supported?

### No Framework for Dispensary Managers

It's a role that people like Jo are often left to piece together themselves. Previously, their team had no Dispensary Manager.

It's an industry-wide issue, says Kirstye, Dispex Consultant and manager herself:

*"I wrote the essential guide to dispensary management, because over 20 years, there was no one who taught me how to do it. It was just a case of going in and carrying on what the last person did."*

Nearly all the managers she helps *"escalated up into the role"* without any framework. *"When CQC comes in, it's the Dispensary Manager who is responsible for risk assessments, near miss records, and significant events."*

The wider NHS doesn't fully grasp this, says Max Von Tongeren, Deputy Dispensary Lead at Clarkson Surgery: *"There's not a deep understanding of the work involved from the wider NHS. We need information on upcoming changes, training and clearer systems, because we don't have the resources to constantly monitor changes."*

Without structure, all the knowledge sits with one person, and practices know how quickly disruption cascades when they move on.

### Stock Struggles

The communication around ordering can be lacking too – often feeling like things are confusing by design. Kirstye says wholesalers assume dispensers know every price tier or buying threshold, but complicated schemes add another task. Jo says;

*"I just want to know the price and reimbursement of the packs I'm buying."* It doesn't help that some ordering platforms don't list pricing or reimbursement – it can all make what should be a simple job a pain.

Kirstye thinks that the biggest gap in support that her courses are trying to plug is to do with business management and ordering.

*"It is still hard to get people to think about the dispensary as a business. When you're providing medicines, it can be hard to move to that way of thinking. Practices need help to do it."*

There's so much to get to grips with, says Kirstye. *"Most come up from working as a dispenser, where Drug Tariff is the main measure – but there's more to profitability. Do they understand statements or clawback? There's support missing."*

*Continues on next page...*

But as shortages and price hikes have grown, and reimbursement has stagnated, Jo says;

*"It's unbelievable the amount of time I spend chasing stock – looking for short stock but also trying to predict the next thing that might go out. Trying to avoid price hikes and ensuring we get paid properly for everything we dispense – all these things have become harder."*

It all means that having access to fast, clear information and a proper workflow to manage these things is key.

For Jo, joining Cambrian Alliance has given her transparency and a platform that can automate much of the hassle of ordering;

*"Before, I was pinging orders for hundreds of items on 5 different websites. It could take my whole afternoon. Now I use e-CASS and I don't have to do that. It's the reason I've saved 10 hours of my week."*

On top of the platform – it's the independent advice that's so helpful. Rachael, her Cambrian Alliance Business Manager, visits monthly to go through their profit report, train staff and make tweaks.

Whereas before, they used to figure out their profit every few months by talking to their accountant, they now have a reference point with practical insights from Rachael.

It means that, if they're wasting money on particular medicines, missing deals or just need to turn off a supplier – they won't miss it, and they have someone they can trust to provide ongoing support and knowledge.

*"We're doing so much better that our accountants asked me what our secret was!"*

### Proper Accreditation

Kirstye wants dispensing management to have its own CPD and accreditation pathway.

Her mentorship programme grew out of the Essential Guide to Dispensary Management, turning 20-plus hours of one-to-one sessions into a structured pathway through compliance, SOPs, and CQC expectations.

But without formalising the skills that are needed – it can be argued that the wider NHS will continue to fail to recognise what Dispensary Managers need to work effectively.

On top of that, Jo also calls for teams outside the dispensary to be aware of what the team is doing, and what they need to succeed.

*"It's sometimes assumed that there doesn't even need to be a manager. It's a vital role – there are so many cogs to manage!"*

Having the support of Dispex and Cambrian has helped Jo do that;

*"Dispex's 2 days of initial training & their recent dispensary management course taught me, and the practice so much. I knew before that there were things to learn, so having the pathway to do that was brilliant. From business management, to having SOPs that mean any staff can now run the dispensary like clockwork, it's been brilliant."*

*And working with Rachael, Cambrian Alliance Business Manager – it used to take us months to figure out profitability, now I can see it's gone up and can react to things straight away. Both of them are the gold standard."*

**Dispex is working in collaboration with Cambrian Alliance to enhance the already great advantages of using e-CASS as a single ordering portal.**

**For further information**

**CLICK HERE**



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# LUNCHTIME Tutorials 2026

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## Announcement: April–September Dispex Tutorials

We're delighted to announce the launch of our April–September Dispex Tutorials Programme! Our LIVE, 1-hour tutor-led tutorials are designed to fit seamlessly into your busy schedule. These focused sessions provide valuable insights, practical guidance and the opportunity to ask questions in real time - all without taking up your entire day. We are also hosting a few sessions with the NHSBSA, visit our [website](#) for those descriptions.

### MARCH

- 10th Mar - Category H Webinar (W)
- 11th Mar - Controlled Drugs Part 1
- 17th Mar - NHSBSA Endorsing inc Referred Backs (W)
- 25th Mar - PAs and VAT: An easy-to-understand guide  
Hosted by Dr Philip Koopowitz

### APRIL

- 22nd April - Understanding The dm+d

### MAY

- 6th May - Controlled Drugs Part 2
- 12th May - NHSBSA Batch & Switching (W)
- 20th May - DSQS & DRUMS Guidance

### JUNE

- 10th June - Endorsing for Dispensing Practices

### JULY

- 7th July - NHSBSA Endorsing inc Referred Backs (W)
- 15th July - Controlled Drugs Part 1
- 22nd July - Understanding The dm+d

### SEP

- 16th Sep - Controlled Drugs Part 2

**Tutorials:** 1pm-2pm

**Cat H Webinar:** 1pm-2pm

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

**Delegate Prices have been held at 2024 rates:**

**Members:** £50+vat pp/ps

**Non Members:** £100+vat pp/ps

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

 **BOOK NOW**



# PRESCRIPTION OR NOT? LET'S CLARIFY



We've received another question about emergency online pharmacy patient requests in the dispensary - specifically around cases where a request is made, but not actually submitted to NHSBSA.

As this query comes up regularly, we wanted to take the opportunity to clarify things. There are a few issues that often get conflated, which can understandably cause confusion. To help reassure everyone, we've put together the guidance below to clearly set out the differences and explain what you need to know.

- Under the Human Medicines Regulations 2012, a prescription is simply an order for medication. It can be written, electronic or verbal, and there is no requirement in the HMR 2012 for every prescription to be issued on an NHS FP10. Click [here](#) for further guidance.
- The NHS FP10 is an NHS form that serves two functions: it can be used as a prescription, and it also acts as a token for NHS reimbursement. Its use is therefore primarily linked to NHS payment and reimbursement processes, rather than to the legal validity of a prescription itself. Click [here](#) for further guidance.
- For a prescription to be valid, it simply needs the patient's details, the medicine and directions, and the prescriber's details, date and signature. In routine practice, all of this is already permanently recorded on the clinical system, which satisfies prescribing and record-keeping requirements (BNF/NICE). Click [here](#) for further guidance.

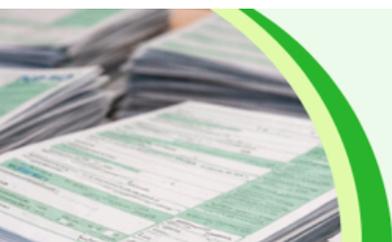
- The GMC's prescribing guidance focuses on safe, appropriate prescribing and accurate clinical records. It does not require the mandatory use of FP10 stationery in all circumstances. Click [here](#) for further guidance.
- It may help to distinguish clearly between three separate issues:
  1. The clinical act of prescribing
  2. The legal validity of a prescription
  3. NHS reimbursement processes

**These are not the same thing.**

If the concern is that not submitting an FP10 to NHSBSA is unlawful, that would imply that any FP10 that is lost or never reaches NHSBSA represents a breach of law, which is clearly not the case. The more relevant risk in practice is contractual, not legal.

By contrast, submitting FP10s for reimbursement where there is no entitlement under the GMS contract, for example for non-PA items issued to non-dispensing patients, presents a clearer contractual and governance risk.

Maintaining accurate clinical records without submitting inappropriate reimbursement claims keeps practices on the right side of both prescribing law and NHS contractual rules.



**Get the guidance first. Join our WhatsApp group.**

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# Confused by PAs?

## Have you ever found yourself uncertain about how PAs should be handled?

We receive many queries about personally administered items (PAs), including questions like those below - and it's easy to see why. The rules are complex, and many dispensing practices are unsure about the finer details. For an in-depth look at PAs and VAT, join Philip on **25th March** at 1pm for our dedicated tutorial.

### ● ● ● Question

*One of our clinicians has not been issuing PVC ring pessary scripts. Do you know if I can issue scripts retrospectively further than 6 months back for these PA's?*

### ● ● ● Question

*Our salaried GP performs ENT procedures and has requested silver nitrate sticks for cautery. Please can you confirm if these are reimbursable per procedure?*

### ● ● ● Question

*Are we able to prescribe a roll of Scanpor Tape? If so, can we keep the tape on-site and use it for other patients? Or does it become the patient's property?*

### ● ● ● Question

*We have Peristeen Plus prescribed for a patient and I assumed we should charge for the prescription! However, the patient insists that their previous practice never charged them- are we correct?*

### ● ● ● Question

*My colleague mentioned that at her previous surgery, they used to claim B12 on the FP34D, as it was more profitable for them. However, as far as I'm aware, B12 isn't listed as one of the injections eligible for claiming on the FP34D- is that correct?*

### ● ● ● Question

*With no discount on Mounjaro, and prices now roughly double the Drug Tariff and DM&D should we be dispensing this?*

### ● ● ● Question

*Can sharps bins be claimed as a PA?*

## PAs and VAT Tutorial >>>>

An easy-to-understand guide

Presented by Dr Philip Koopowitz

 25<sup>th</sup> March  1-2pm

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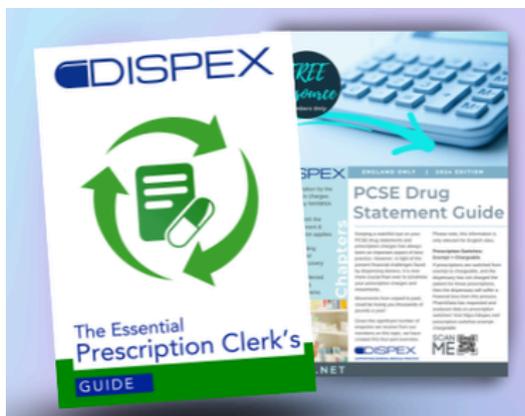
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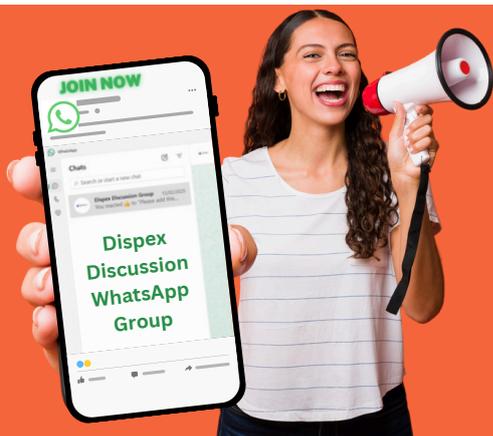


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## February

If you've ever wondered what you might be missing on the Dispex WhatsApp group, February's conversation gives a perfect snapshot: real-time problem solving, contract clarification, financial protection and peer support - all in a single morning.

Here's a flavour of what members have been discussing.

### Clawback & Concessions – Protecting Your Margin

The month kicked off with a question many dispensing practices are asking: how does clawback affect concessionary prices?

#### Philip Koopowitz clarified:

"Clawback applies to EVERYTHING unfortunately. You will have 11.18% deducted from the basic price or the concession price (whichever is the greatest) for ALL products. Discount abatement (Clawback) is set at 0% for pharmacy for all concession prices."

For many members, this kind of clarity helps with forecasting, pricing expectations, and avoiding nasty surprises at month end.

### Stock Headaches & Expiry Challenges

From surplus Peptac peppermint expiring at the end of February, to 14 units of levosert nearing March expiry, members shared practical questions about minimising loss and staying compliant.

On selling GSL stock to a nursing home, Philip advised: "As far as I am aware there is nothing stopping you from selling a GSL product to the nursing home (a separate legal entity) as long as you are not selling it directly to your NHS patients"

These are the kinds of everyday operational dilemmas that can cost practices money -unless you have peers to sanity-check decisions with.

### Hospital Discharge Surprises

One discharge summary raised eyebrows when it stipulated "foxes glacier mints" for a patient.

Philip's response:

"Send back to the hospital asking them to clarify and inform them it is not prescribe-able on the NHS. Send a copy to the ICB"

It's a reminder that the group isn't just about sharing frustrations - it's about practical action and protecting your contract position.

### Audits, SOPs & Shared Resources

Members also asked for:

- Medicines storage audit templates
- SOPs for giving dexamethasone
- Alternatives to hydromol cream now it's above tariff

Instead of reinventing the wheel, members tap into collective experience.

### Professional Development

There was also a strong recommendation for the Dispensary Manager Mentorship Programme, described as: "Comprehensive, well-structured, and expertly delivered by Kirstye. Fantastic support and resources throughout – well worth the investment."

### Why Join the Dispex WhatsApp Group?

In just one month, members received:

- Immediate contract clarification
- Financial protection advice
- Operational problem-solving
- Compliance guidance
- Peer-reviewed reassurance
- Access to shared documents and SOPs
- Recommendations for professional development

Most importantly, they didn't have to figure it out alone. If you're not in the WhatsApp group, you're missing real-time answers to questions that could affect your compliance, your income, and your confidence.

MEMBERS JOIN HERE



# >>>>> DISPEX TUTORIAL

## Controlled Drugs PART 1

By the end of this course you will have achieved an understanding of:

Controlled Drugs legislation & classification, policies & SOP's, how to complete the CD Register, dealing with the receipt, supply & destruction. How to identify discrepancies, reporting or whistleblowing. CD storage and travelling with CD's plus prescription writing requirements.

GP practices should have systems in place to ensure the safe management of controlled drugs. This course will help practices identify and demonstrate that they have systems in place to minimise risk when managing CDs. Staff should be trained to ensure they have the relevant knowledge and skills to undertake the CD related tasks required of them.



 11th March & 15th July

 1 - 2pm

 Members: £50  
Non-Members: £100  
*All plus VAT, pp*

## PART 2

 6th May & 16th Sep

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# How is your practice addressing fraud risks?

Fraud risks can arise in any sector, and GP practices are no exception. The complexity and volume of transactions within GP practices can sometimes create vulnerabilities. Addressing these challenges requires a balanced approach that focuses on prevention and mitigation.

## Understanding NHS fraud

Fraud is typically defined as deception conducted for personal gain, often involving money and the abuse of a position of trust. The NHS Counter Fraud Authority estimates that the NHS is vulnerable to approximately £1.346 billion worth of fraud each year, highlighting the importance of robust fraud prevention measures.

## Challenges for GP practices

Most practices manage a multitude of financial transactions daily - which can create opportunities for fraudulent activities, whether intentional or accidental. Petty cash management is a common concern - without proper oversight, petty cash used for small, everyday expenses, can be misappropriated.

Errors or manipulations of invoices can lead to overpayments or payments for non-existent services - how does your practice spot phishing fraudsters posing as suppliers? Payroll fraud can also occur through ghost employees or manipulation of hours worked.

## Key controls to prevent petty cash and invoicing fraud

- ▶ **Digital solutions:** Implementing software that offers real-time tracking and reporting can significantly reduce fraud risks by providing transparency and accountability.
- ▶ **Approval levels:** Software solutions can allow for differing levels of approvals, ensuring that invoices are checked for accuracy before payment is made. This extra layer of security helps prevent errors or fraudulent activities.
- ▶ **Regular checks:** Conducting regular checks of petty cash and invoicing processes can help identify discrepancies early and prevent potential fraud.
- ▶ **Checking payment changes:** Practices should be vigilant about any changes to supplier payment details or demands for urgent changes. Separate duties: the person who enters the payment details in your system should not authorise and make the payment - this ensures that payment details are verified for accuracy, reducing risk of fraud losses.

## Reducing payroll fraud

- ▶ **Segregation of duties and approval levels:** There are clear risks where a single individual has control over all aspects of payroll. Implementing a division of duties and establishing multiple levels of approval for payroll transactions ensures that any adjustments are reviewed by more than one person, reducing the risk of fraud.
- ▶ **Automated payroll systems:** These can minimise human error and provide a clear audit trail for all transactions.

For more information please contact:

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## Training and awareness

Developing clear policies and procedures for financial transactions provides guidance and sets expectations for all staff members. Backing these up with regular staff training sessions on fraud awareness and prevention can empower your team to identify and report suspicious activities.

## Leveraging technology

There are numerous software providers that offer solutions. These tools can automate processes, provide detailed reporting, and enhance your security to mitigate fraud risks and also improve practice efficiency.

Strong fraud prevention in GP practices is about creating a proactive culture of transparency and accountability. Leveraging technology to build robust systems controls, engaging in regular audits and training your team can protect your practice from potential fraud while maintaining trust with your patients and stakeholders. Please contact our team for help and advice on fraud prevention policies and selecting the right practice, financial and payroll software to reduce fraud risks.

# DISPEX

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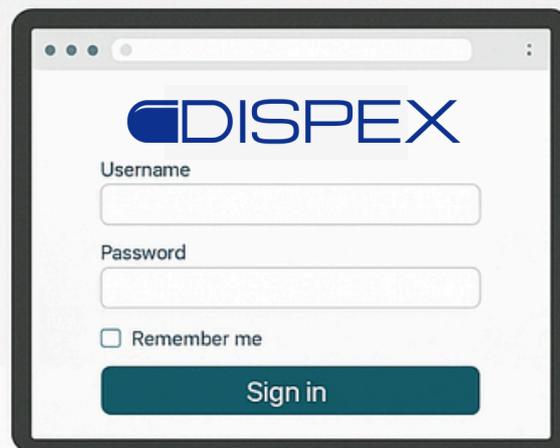
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# DISPEX ANSWERS

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

*dispex.net*



Q

Do we need to keep paper copies of invoices or can they be store electronically, by downloading them from the wholesalers? Could you please confirm how long these need to be stored?

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://www.dispex.net)

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

 01604 859000 (10am-12pm)

 Dispex WhatsApp Group

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