DDGazette
YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues

See you at the DDA Conference

news profitability articles learning & development technology offers

Editorial

Over the summer the Gazette took a short break, knowing that many of our readers were enjoying some well-earned time away or busy covering for colleagues. Now we're back, with plenty to share.

In this edition, we're pleased to introduce a valuable new member resource, the **Dispex Hub & Spoke Protocol Suite.** Designed to provide comprehensive support for practices planning to apply, the suite aims to make the application process as quick and straightforward as possible. Please see pages 2-3 to find out more. We're also helping members tackle the cost of generic prescriptions. Discover our **new interactive tool** on page 5, created to help you rapidly identify potential losses and make better-informed decisions about prescription changes.

With less than a month to go, we're looking forward to meeting many of our readers in person at the DDA Conference. Don't miss the opportunity to meet the Dispex team and hear from Ankit, and our Lead Training Consultant, Kirstye, as they deliver a must-attend talk packed with valuable strategies to improve profitability, optimise dispensary workflows, and strengthen best practices.

Be sure to visit the Dispex stand, where Philip will be sharing his expertise and unveiling our soon-to-launch **interactive VAT tool.** Developed to take the confusion out of AAF items (PAs), in just a few steps the tool identifies whether the prescription in front of you **Attracts an Administration Fee**. If it does, it automatically calculates the VAT equivalent of the AAF for you. Quick and easy to use, it's another way Dispex is helping members save time and maximise their income.

I'll be on hand to answer any questions about joining Dispex, while existing members can stop by for help making the most of their membership- whether that's accessing our resources, joining the WhatsApp group or registering for the DispexCD platform. Plus, everyone can take advantage of exclusive conference discounts on our essential guidebooks.

Here's to two days of learning and connection – we're really looking forward to seeing so many of you there!

Best Wishes,

Claudy Rodhouse
Editorial & Design Coordinator

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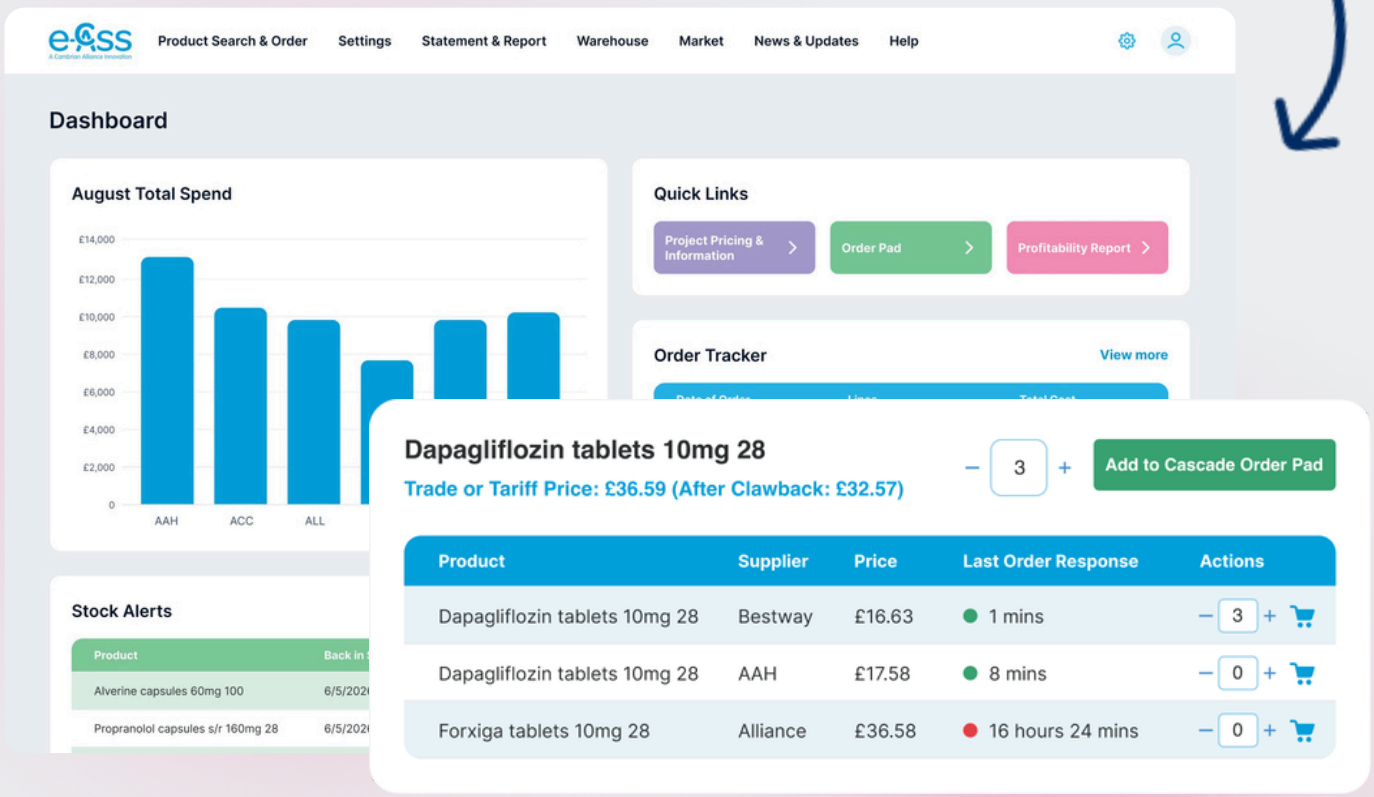
What's inside	Page

The stock ordering platform that puts you in control

Easy to order, track & manage purchasing

Net pricing & availability in one place



Always order to the right place with DISPEX templates

Build order pads or order direct to suppliers

See it in action at the DDA conference

Learn more

By Dr Philip Koopowitz – Director Dispex

Hub and Spoke: what it is, what you have to do, and where we can help

Since 1 October 2025, dispensing practices are able to send prescriptions for assembly to a Hub pharmacy. Here is what changed and what it takes to set up.

Hub and Spoke splits dispensing between two sites. The Hub does the bulk of the work: assembling, labelling and packaging prescriptions. The Spoke takes in the prescription order and hands the finished, checked medicine to the patient, along with any advice or clinical checks.

Until late 2025 a pharmacy could only use a Hub owned by the same company. The large multiples could do this internally; independents could not share a Hub with an unrelated business. Amendments to the Human Medicines Regulations 2012 and the Medicines Act 1968 changed that, and since 1 October 2025 the arrangement can run between different businesses, nearly ten years after it was first proposed.

It is not only for pharmacies. The same regulations extended the exemption to GP practices providing NHS pharmaceutical services, so a dispensing practice can now act as a Spoke and send work to a pharmacy Hub. Any dispensing practice in England can be a Spoke, though only a pharmacy can be a Hub.

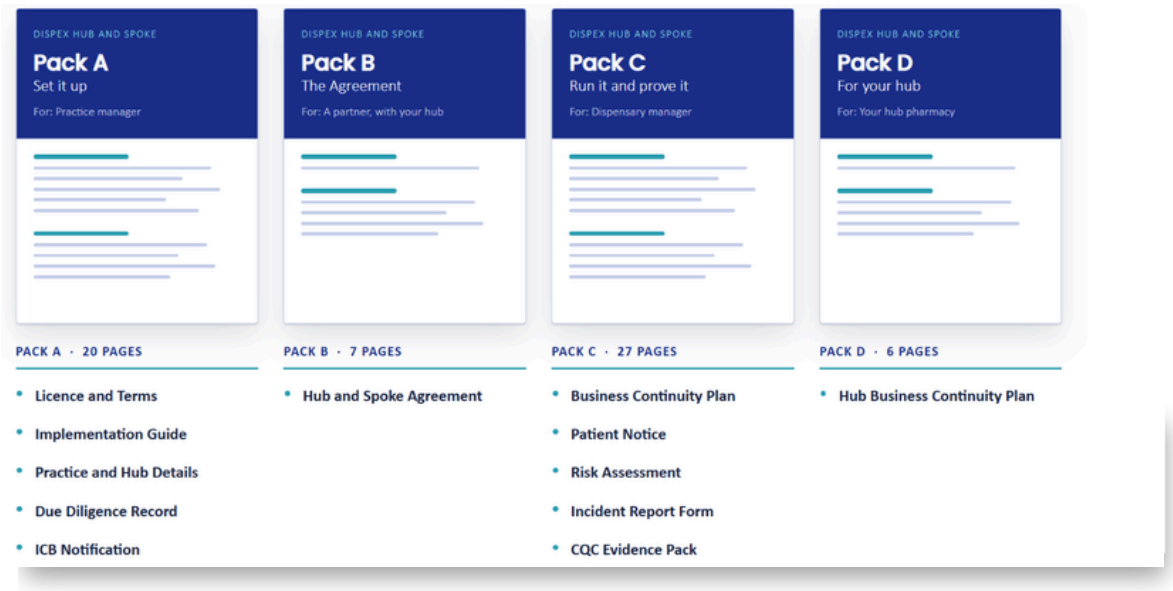
Why you might want it

The greatest benefit is to hybrid sites, where a pharmacy and a dispensary are co-located, or very close, within the same building. In many of these, one entity holds a Wholesale Dealer's Licence (WDA) so that medicines can move from one legal entity to the other, because that movement is wholesaling. Hub and Spoke is a different route for the same medicines: the pharmacy assembles as your Hub rather than selling to you. Unless there are other reasons to hold a WDA (which there should not be), there is no longer a reason to hold it.

Practices with staffing difficulties can also benefit. A Hub takes the largest volume of dispensing without requiring further staff.

It does not close your dispensary. The patient still collects from you, the final decision on each supply stays with your dispensing doctor, and you keep the capacity to dispense everything in-house. The Hub does not submit prescriptions to the NHS Business Services Authority: the Spoke claims directly with NHSBSA for the assembling done on its behalf.

Continues on next page...



What you have to do.

A Spoke may only subcontract core dispensing activities, broadly the assembly, labelling and bagging of prescription items, and only where certain conditions are met. Those include taking reasonable steps to satisfy yourself that the Hub's owner is a fit and proper person. Schedule 1 to 3 controlled drugs stay with your dispensary.

Most of the work is paperwork, and all of it MUST exist before you start. Your ICB gets at least 28 days' notice and can object, but it does not audit your file. What you sign is a declaration that the file is already there, and it is the CQC that may ask to see it once you are set up. The file has to hold a written agreement with the Hub carrying seven specific provisions, a record of the checks you made before choosing that Hub, a continuity plan for the days the Hub cannot deliver, a risk assessment, a patient notice, and a way of recording incidents.

Five steps produce it, in this order, and four of them come before you notify:

- Find a Hub and agree terms.
- Do due diligence on the Hub and record what you found.
- Write your continuity plan.
- Sign the written agreement.
- Notify your ICB, then wait 28 days. The clock starts the day you submit, and if your ICB objects you must not start until that is resolved

How we can help

Dispex has written all of it: twelve documents in four packs, one for each person who has to check and complete them.

Pack	For	What it covers
A · Set it up	Practice manager	Licence and terms, implementation guide, your details worksheet, due diligence record, ICB notification
B · The Agreement	A partner, with your Hub	The written agreement, all seven provisions drafted, data sharing as Schedule 1
C · Run it and prove it	Dispensary manager	Continuity plan, patient notice, risk assessment, incident repor form, CQC evidence pack
D · For your Hub	Your Hub pharmacy	Hub business continuity plan

The agreement is the most important part to ensure you have included all the relevant materials. The notification asks you to declare that you hold one containing seven specific provisions. Pack B is that agreement, with all seven provisions drafted and the data sharing agreement as Schedule 1, made under the statutory information gateway at Regulation 222B. The CQC Evidence Pack sets the whole suite against the five CQC key questions, so you have evidence for your CQC inspector.

The Personaliser fills in the dispensary and Hub details for you. You complete one worksheet and it writes your answers into all four packs.

The packs are written for England. They reference the CQC, notification to an integrated care board, and NHS England's form and Approved Particulars, none of which applies in the same form elsewhere in the UK.

Launching 22nd September

Members' Only - Personally Administered Items (AAF) and VAT – Interactive Profitability Tools in 3 Parts

FREE WEBINAR

Discover how our new members-only tool can work for you!

23rd September I 1-2 pm

This event is open to members & non-members

BOOK NOW

Everything you need to ensure you are claiming VAT from HMRC correctly and you are being reimbursed VAT by NHSBSA correctly, including the ability to add products, their price and discount as well as the VAT rate so that you can download and print out a spreadsheet of the correct amount of VAT that is UNCLAIMABLE from HMRC.

Part 1 — Personally Administered Items and the NHSBSA

Injectables, anything with a local anaesthetic in it, sutures and ring pessaries. PAs are reimbursed differently from everything else you dispense, and the difference is worth knowing to the penny.

- **11.18%** — discount abatement, or clawback, for most dispensing practices
- **20%** — VAT equivalent, paid on the price after clawback
- **£0** — prescription charge on a PA, for every patient

Part 2 — VAT on Medication You Administer

The VAT on a drug you dispense is reclaimable. The VAT on the same drug injected into a patient is not. Here is how to spot the difference, work out what it costs you, and get it right every month.

- **20%** — irrecoverable VAT on most items administered in the surgery
- **5%** — irrecoverable VAT on contraceptives administered in the surgery
- **1** — monthly sheet is all it takes to keep the VAT return right

Part 3 — What a PA Is Actually Worth

Part 1 covered what NHSBSA pays you. Part 2 covered what HMRC lets you keep. Put the two sets of figures side by side and you get the number that actually matters, which is what the practice is left with.

- **In** — Basic Price, less clawback, plus the VAT equivalent
- **Out** — what you paid your supplier, plus any VAT you cannot reclaim
- **=** — the margin, which can be negative without anyone noticing

THE 2026 EDITION

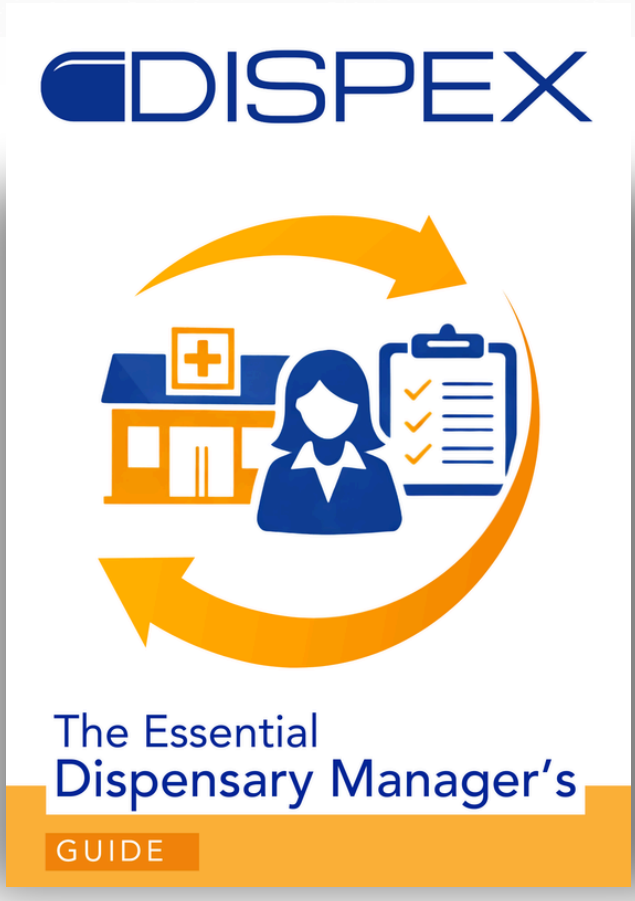
ESSENTIAL DISPENSARY MANAGER'S GUIDE

NOW FEATURING

A BRAND-NEW CHAPTER:

CQC & COMPLIANCE

IN DISPENSING PRACTICE.



MEMBERS PRICE £49.99 INC VAT

DELIVERY £7+VAT

NON- MEMBERS PRICE £89.99 INC VAT

DELIVERY £7+VAT

ORDER HERE

To place an order, please email us your invoice & finance email addresses. 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.

Stop Losing Money on Generic Prescriptions

A New Interactive Tool for Members

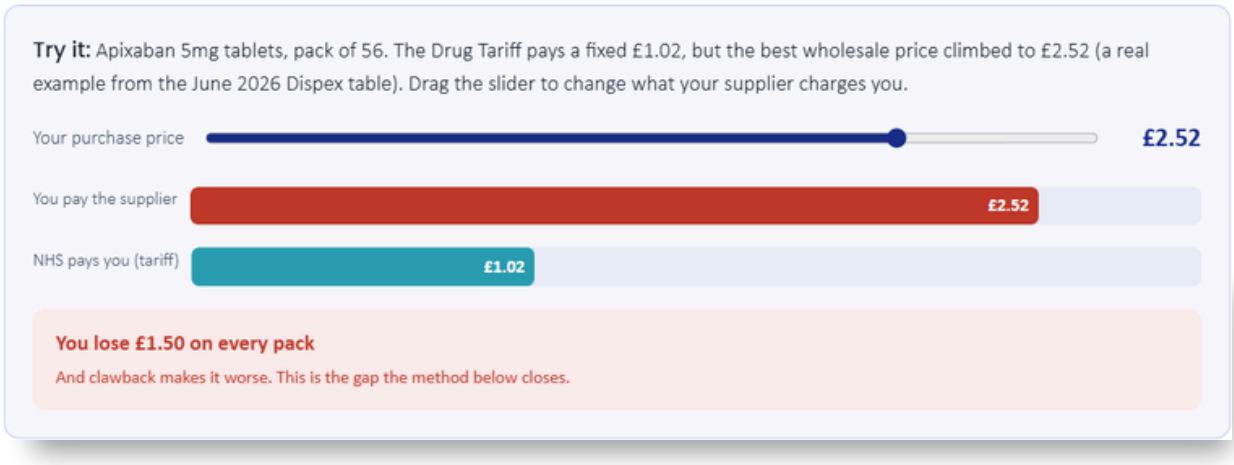
- Step by step advice
- Practical scenarios
- Interactive sliders
- Guided questions

See How

One of the most frequent queries our support team receives is: **"What should I do when generics costs me more than the tariff?"**

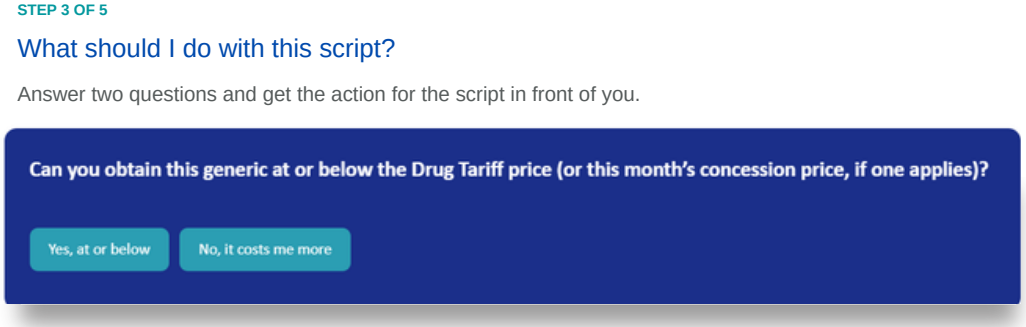
To help answer this question, we've developed a new interactive tool that provides clear, step by step advice on when action is needed, helping you identify when you can recover your costs. Importantly, the tool also explains when not to amend a prescription and reinforces the principle that you should only ever record products that are genuinely supplied blind to you.

Every month, some generics cost you more to buy than the NHS pays you back. The drug tariff and the dm+d lists reimbursement prices for each manufacturer's version of a generic. With monthly concession announcements, knowing when and how to amend a prescription can make a significant difference to your dispensary's bottom line.



If you cannot obtain a generic at or below the tariff price, the dispenser can change the script to the brand or generic manufacturer actually supplied, the doctor must initial the change. You are then reimbursed that manufacturer's dm+d price instead.

The new page includes interactive sliders, practical scenarios, handy tips and guided questions that help you determine the correct action for the prescription you have in front of you. By working through and adjusting each example, you can explore different outcomes and reinforce your understanding of the process.



Exclusive to Dispex members
This interactive tool and the monthly pricing tables are available exclusively to Dispex members. **Login** today to explore the new tool! If you're considering joining, contact our team at **sales@dispex.net**

TUTORIAL

AAF (PAs) and VAT

An easy-to-understand guide to items that Attract an Administration Fee (AAF)

Hosted by Dr Philip Koopowitz

TOPICS COVERED

NHS Business Service Authority Prescription Services (NHSBSA) and the VAT Equivalent. Easily distinguishing a AAF (PA) as deemed by the NHSBSA Prescription Services (NHSBSA). Understanding how the NHSBSA reimburse the VAT equivalent and prescribing rules on AAFs (PAs).

HMRC and VAT on medications. Understanding how HMRC distinguish AAFs (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 AAFs (PAs) and analysing which products are profitable and which are not.

NOW featuring our new interactive VAT tool

11th November

1 - 2pm

Members: £50
Non-Members: £100
Prices are pp and plus vat

BOOK NOW

LUNCHTIME Tutorials

DISPEX EDUCATION

BOOK NOW

Back to school this September – and back on top of your training requirements

September is the perfect time to get back into the swing of learning. We understand how demanding dispensary life can be, but keeping training up to date is an important part of meeting your DSQS requirements. That's where our popular 1-hour tutorial sessions can help. Our lunchtime sessions are ideal for brushing up on existing knowledge, keeping training on track.

SEP

16th Sep - Controlled Drugs Part 2

OCT

7th Oct- NHSBSA Batch & Switching (W)
14th Oct - DSQS & DRUMS Guidance

NOV

11th Nov- PAs (AAF) & VAT-Hosted by Dr Philip Koopowitz
18th Nov- NHSBSA Endorsing inc Referred Backs (W)
25th Nov- Controlled Drugs Part 1

DEC

2nd Dec- Endorsing for Dispensing Practices

BOOK NOW

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

TIMES

Tutorials: 1pm-2pm
NHSBSA & Dispex Webinars (W): 12-1pm

Category H Update

By Dr Philip Koopowitz – Director Dispex

In September, another 8 products have been added to the existing 11 Category H products.

Medicine	September 2026 Cat H Price	Increase/Decrease Compared to June 26	Best Buy
Cinchocaine 5mg / Hydrocortisone 5mg suppositories - 12 suppository	5.97	1.51	
Doxazosin 4mg modified-release tablets - 28 tablet	2.95	-0.98	
Etodolac 600mg modified-release tablets - 30 tablet	18.58	0.16	
Isosorbide mononitrate 25mg modified-release capsules - 28 capsule	5.79	0.20	
Nicotine 4mg medicated chewing gum sugar free - 96 piece	12.95	3.92	
Omeprazole 10mg dispersible gastro-resistant tablets - 28 tablet	11.41	1.65	
Omeprazole 20mg dispersible gastro-resistant tablets - 28 tablet	16.76	3.30	
Omeprazole 40mg dispersible gastro-resistant tablets - 7 tablet	8.60	1.25	
Pseudoephedrine hydrochloride 60mg tablets - 12 tablet	3.94	0.90	
Ursodeoxycholic acid 500mg tablets - 100 tablet	87.35	14.39	
Verapamil 120mg modified-release tablets - 28 tablet	9.50	1.60	

NEW CAT H	September 2026 Cat H Price	Increase/Decrease Compared to Category C price	
Alfuzosin 10 milligrams modified-release tablets - 30 tablets	14.83	2.32	
Diclofenac 100 milligrams suppositories - 10 suppositories	2.73	-0.91	
Felodipine 10 milligrams modified-release tablets - 28 tablets	3.61	-1.20	
Felodipine 2.5 milligrams modified-release tablets - 28 tablets	4.26	-1.42	
Felodipine 5 milligrams modified-release tablets - 28 tablets	2.90	-0.97	
Fluticasone Furoate 27.5 micrograms/dose nasal spray - 120 doses	7.98	1.54	
Nicotine 7 milligrams/24 hours transdermal patches - 7 patches	13.95	3.46	
Sodium fluoride 0.05% mouthwash sugar-free - 250 millilitres	2.66	0.53	

To see the Best Buys head to the Category H lists in our NEW **Category H Updates** section 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.

GO DIGITAL WITH YOUR CONTROLLED DRUG REGISTER

CUSTOMER FEEDBACK

"We've had the electronic register now for a year and it's brilliant - so easy to use! Set-up wise, I would say it only takes an hour or two (depending on how many GPs and patients you need to set up primarily) but the process is relatively quick, you won't look back once you have it up and running!!"

VICKI, DISPENSARY MANAGER IN SUFFOLK

FREE FOR DISPEX MEMBERS

LEARN MORE

FREE 3-MONTH TRIAL FOR NON-MEMBERS

Register now at **dispensingcd.co.uk**

Dispensary Management Mentorship Programme

Additional Workshop:

CQC & Compliance in Dispensing Practices

Why Investing in Dispensary Managers Protects Your Practice

Dispensary Managers are highly skilled professionals who typically rise through the ranks after years of hands-on experience. Most have learned through practice, peer support and problem-solving in live environments. In recent years, however, the scope of the role has expanded significantly, often without any formal, role-specific training to support that transition.

Until recently, there was no structured education pathway designed specifically for this role. Dispex's Dispensary Managers Mentorship Programme exists to address that gap - not because Dispensary Managers lack capability, but because:

- **The role has expanded rapidly**
- **Expectations are higher than ever**
- **Responsibilities now extend to business and financial management**
- **Accountability has increased**
- **The regulatory environment is more complex**
- **Managers are often expected to "just know" what to do**

As a result, many capable managers report feeling isolated or unsure whether they are meeting expectations, particularly when responsibilities evolve without warning. Our programme provides structured and professional reassurance - giving managers confidence that their approach is practical, compliant and safe, and where gaps are identified, sharing best practice to support continuous improvement.

What £2,000 Really Represents

At its core, this programme recognises how the Dispensary Manager role has evolved and responds to that growth in a professional, structured way. Dispensary Managers are no longer just operational leads; they are governance and audit leaders, risk managers, SOP specialists, mentors to their teams and key contributors to patient safety and regulatory compliance. At a time when experienced dispensary staff are increasingly difficult to replace, investing in this support is a strategic decision that clearly signals: ***we recognise how much your role has grown, and we are investing accordingly.***

At first glance, practices may hesitate at a £2,000 cost. However, when viewed in context, this is a one-off investment compared with the recurring and often hidden costs of an unsupported or overstretched Dispensary Manager role.

The financial impact of operational issues quickly eclipses this figure. Poor or stressful CQC inspection outcomes consumes a significant amount of additional staff time and leads to remediation work, with costs frequently exceeding **£3,000–£5,000.** Similarly, a single serious dispensing error-even when no patient harm occurs can result in investigation time, reporting requirements, GP involvement, and lost productivity that can easily surpass £2,000.

Over time, small inefficiencies can quietly accumulate. When SOPs are unclear or outdated, teams may rework tasks or lose confidence, slowing performance. As responsibilities continue to grow without structured support, sustaining consistent performance becomes increasingly difficult.

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The most significant cost often comes when expertise is lost altogether. The resignation of a Dispensary Manager will result in recruitment, training, and operational disruption that can equate to £5,000–£10,000 or more. By comparison, a £2,000 investment in mentorship and professional support helps retain experienced staff, reduce risk, and improve efficiency. Seen this way, it's not an expense, but a preventative investment that protects long-term stability and financial resilience.

What Participants Say

Participants consistently highlight that the value lies in reassurance, validation and practical refinement, not basic instruction.

Managers report:

- Increased confidence in audits, inspections and regulatory processes
- The full scope and complexity of the role has been recognised for how wide-ranging it truly is
- Stronger SOPs and risk assessments
- Improved controlled drug handling
- Positive changes to patient-facing processes
- A renewed sense of professional pride and direction

As one participant noted, "***We have enhanced staff competency testing, strengthened risk assessments and improved audit processes***". Another added "***This mentorship gave me confidence that I'm on the right track***."

PCN Funding

Some practices may be eligible to use PCN Leadership & Management Funding, which can help offset or fully cover the cost, for further details please click **here.**

For full details on programme delivery and session structure, please click **here.**

Meet Our Dispensary Manager Mentor

Come and have a chat with Kirstye at the Dispex stand. Kirstye developed and delivers our Dispensary Managers Mentorship Programme and is the author of the Essential Dispensary Manager's Guide. As an experienced GPhC-registered Dispensary Manager and Dispex's Lead Training Consultant, she brings a wealth of first-hand knowledge and real-world experience to her training and support.

Speak to Kirstye to discover how the programme works, what you can expect and how her knowledgeable, supportive approach can help you develop your skills, build confidence and make a positive difference within your dispensary.

You may even get the chance to chat with some of our previous programme participants. Last year, participants popped by our stand and were happy to share their experiences and explain first-hand what they gained from the programme.

DON'T MISS KIRSTYE & ANKIT LIVE!

Kirstye will also be speaking at the conference, so be sure to add her session to your diary.

Wednesday, 30th September
15:35

Cambrian Alliance Group

DISPEX

Order Your Omnicell MDS Trays

More Conveniently Than Ever

You can now order your **Omnicell MDS trays directly through** the **e-CASS Marketplace,** making it easier to manage your medication and tray orders in one place.

Order via e-CASS Marketplace

You MUST order via **"Product Pricing & Information"** and not the usual "Order Portal". Please see the next page to view the process.

OR

Order directly via Dispex Website

This new ordering method does NOT replace the existing ordering process available through our **website.**

Members will receive their discounted pricing regardless of which ordering method you choose!

Save Time
Streamline your ordering process

All in One Place
Manage medications and trays together

Trusted Quality
Genuine Omnicell MDS trays

Open To All
Both Dispex members and non-members can order via the Marketplace

Monthly Trays Available via the Maketplace

DISPEX

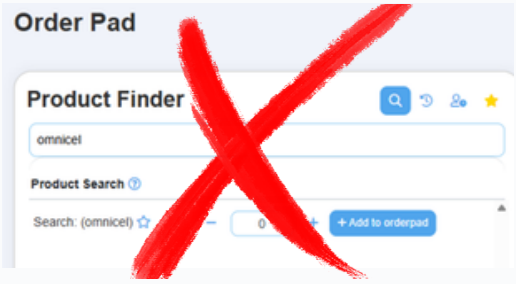
dispex.net/members-offers

SCAN ME

ORDERING VIA THE e-CASS MARKETPLACE

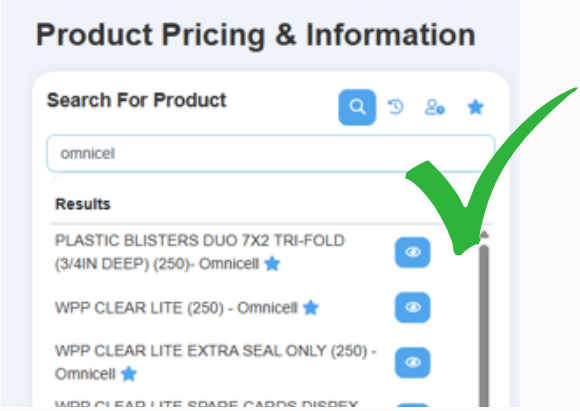
1

Do not click on the
ORDER PAD!



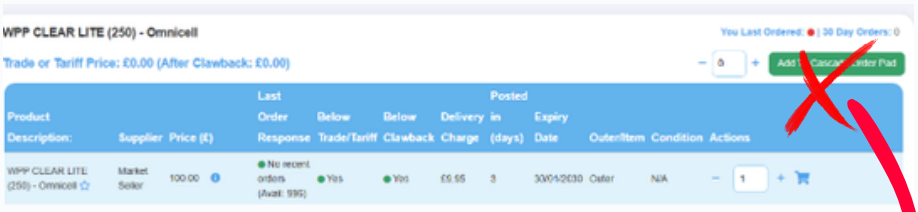
2

Search for your Omnicell items under
Product Pricing & Information



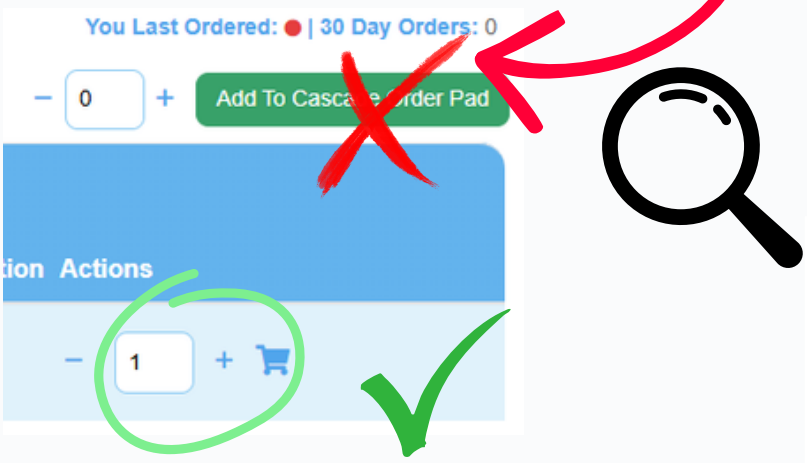
3

Do not click on
add to the cascade



4

Add items here
add your quantity, then click on the cart



Order confirmations and Invoicing

Non-member orders: Payment must be received by Dispex in full before your order can be processed. A Dispex invoice will be issued for payment by BACs. Member orders: Your Dispex invoice will be sent after the items have been dispatched. Once the Dispex office receives confirmation of your order from Omnicell, you will receive an order confirmation email from the Marketplace. Delivery is typically within 2-3 working days from the date of the confirmation notification.

What Are Dispex Members Talking About?

By Dispex

August

The Dispex WhatsApp Support Group continues to give dispensing practices a place to ask questions, share experiences and get answers from both the Dispex team and fellow members. Here's a snapshot of what members were asking and getting answers to:

Nutritional supplements and multiple dispensing fees

One of the key discussions in August was around nutritional supplement prescriptions and how practices can make sure they receive the appropriate dispensing fees when supplying different flavours.

A member asked about a patient prescribed Fortisip Compact where their system offered "*flavour not specified" rather than assorted flavours.*

The group clarified: *"If it has 'Flavour not specified' you will only receive one dispensing fee. It needs to say Mixed/Assorted Flavours."* Then a user asked whether each flavour needs to be added to the endorsement column to get a dispensing fee for each flavour?

Philip added: *"As long as it has Assorted Flavours in the main body of the script, there is no need to endorse all the flavours supplied in the endorsement column.* He also confirmed, *"A starter pack automatically generates six dispensing fees."*

Members also shared how this works on different clinical systems. **An EMIS user explained:** *"If you're on EMIS, there's a tick box for 'assorted flavours' in the prescribing box. This needs to be ticked on all these scripts."*

This prompted further discussion from a SystmOne practice about how to manage the same issue on their system.

Electronic Controlled Drug checks and registers

Another member asked: *"What systems do people use for electronic CD checks?"*

Dispex was quickly recommended by members already using the system, including this feedback: *"We use DispexCD electronic register....best thing we did."*

It's a good example of how the group isn't just about getting an answer from Dispex, members can also hear directly from other dispensing practices about the systems and processes they use day to day.

Prescription exemption boxes

There was also discussion around changes to exemption declarations, with members asking whether Box H still exists and whether patients should instead be ticking M or U.

One member asked: *"Am I understanding correctly that box H no longer exists and patients should be ticking M or U as I have a lot of box H ticked this month."*

Other members shared their understanding and discussed how evidence and patient declarations should be handled.

Medication disposal

A practical medicines-management question came up around the disposal of medication ampoules: *"When disposing of medication ampoules that are not CDs can we put them in the sharps box whole? I thought we could. But have been queried about this."*

This led to discussion about whether ampoules containing medication should instead go into a DOOP bin and the different requirements for Controlled Drugs that need denaturing.

Continues on next page...

CQC and emergency equipment

Members also shared experiences following CQC inspections.

One member explained: *"CQC came down heavily on this specially lack of atropine (which is easily accessible, while we had some in dispensary) if you are doing minor ops. We updated our equipment/ policy and SOPs following inspection. Now it's all stored in central location and is visible to all staff."*

This type of peer-to-peer experience can help other practices consider their own procedures, equipment and SOPs before their own CQC inspection.

Managing challenging patient behaviour

The group also provides somewhere to ask questions that don't always have an immediately obvious answer.

One member asked: *"Opinions please, can you refuse to dispense to a patient due to behaviour? Or do you have to give them warnings first?"*

Questions like this allow members to draw on the experience of other dispensing practices and discuss how others have approached similar situations.

Price concessions and Generics Costing More Than Tariff

Members also received timely updates directly from Dispex. Philip posted handy links to the generics costing more than tariff page following each concession announcement. These updates help keep members aware of changes that could directly affect their dispensary profitability.

Join the conversation

These are just some of the topics being discussed in the Dispex WhatsApp Support Group. It gives Dispex members access to a community of people dealing with many of the same dispensing challenges every day.

Not yet a Dispex member?

Join Dispex to access the WhatsApp support group, member resources and discounts.

Statement about Staladex from the manufacturer

From Dr Philip Koopowitz – Director Dispex

As of 1st August, the list price of Staladex (Leuprorelin Acetate 11.25mg) was lowered to £75 per dose (from £206). Aspire Pharma have changed the dispensing scheme due to this list price change. Staladex will now have available a 12% dispensing discount. This change brings list price savings whilst supporting dispensing practices through not making a financial loss on the product.

Please be aware that Staladex has a different injection technique to that of the other implant LNRH. Clinicians should be clear on this before using the product. Aspire Pharma have training support available. Should you wish to contact Aspire Pharma, please email training@aspirepharma.com.

The discount will be 12% off invoice. I expect ICBs will be advising practices to change to Staladex as the price has dropped from £206 to £75.

I have managed to get Aspire to honour the Dispex Enhanced discount until the end of August that quite a number of practices had signed up to.

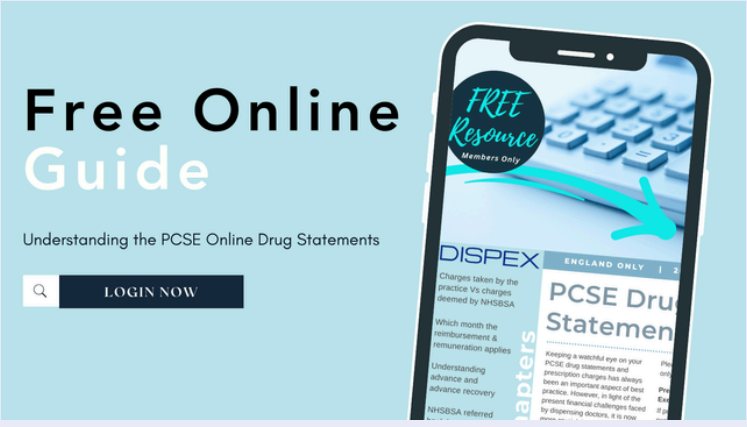
August 2026 redetermination of product pricing

From Dr Philip Koopowitz – Director Dispex

The generic prices of Wegovy and Rybelsus oral have now been aligned with the brand prices, so you will get paid the same whether you prescribe by brand or generically. Click **here** to read more.

Generics Costing More Than Tariff

Concession number six has been published, our Generics Costing More Than Tariff page has been updated to reflet the update. Members can login **here**.



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Time to Re-Audit! Show the Difference You've Made

By Kirstye Todd- Dispex Consultant

By now, most of you will have completed your annual audit and put improvements in place. The next step is to focus on your re-audit, giving you the opportunity to see how well those changes have worked. A re-audit is more than just a box to tick, it's your chance to demonstrate the progress you've made and your dispensary's ongoing commitment to better patient 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!

DISPEX ANSWERS

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

dispex.net

Q How long do we need to keep CD invoices and requisition forms please?

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

We will continue to add more questions and answers over time.

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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