DGazette
YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues

Mentorship That Makes a Difference



Editorial

As we head towards the end of another busy year, winter brings its own challenges for dispensing practices, with seasonal illnesses adding to already demanding workloads. With this in mind, we're always looking for ways to help make life a little easier for you and your team. From helping to improve profitability to simplifying everyday dispensary tasks, this month's Gazette is full of practical advice, useful resources and fresh ideas to support you through the busy months ahead.

With DRUM submission deadlines fast approaching, now is a good time to check that everything is on track. We know how quickly the weeks can disappear when you're juggling the demands of a busy dispensary! Turn to page 8 for some helpful tips to keep your reviews running smoothly and avoid that last-minute scramble.

Could your practice be missing out on valuable dispensing income? On page 5, we introduce our new **Dispensing Fee Optimiser**, a members-only tool designed to help practices explore opportunities to maximise their dispensing fee income.

We've also been working behind the scenes to refresh the Dispex Nudger. Following valuable feedback at the recent DDA Conference, we've simplified the resource to make it even easier to navigate and use in everyday practice. It's a great example of how your suggestions help shape what we do.

And speaking of making a difference, we're delighted to share some excellent feedback from one of our Dispensary Managers Mentorship Programme participants. It's always rewarding to see how in-depth, personalised guidance can build on existing knowledge, strengthen confidence and help dispensary managers introduce meaningful improvements. Turn to page 12 to hear what Emma has to say.

As always, we'd love to hear from you. Whether it's a question, a challenge you're facing or simply something that's working brilliantly in your dispensary, please share it with us. Please get in touch by **email** or join the conversation in our **WhatsApp group.**

Best Wishes,

Claudy Rodhouse
Editorial & Design Coordinator

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What's inside	Page
Can They Sign That?	2-3
Plan your professional development for 2027	4
Are You Missing Out on Dispensing Fee Income?	5-7
Tips For Conducting Your DRUMs	8
The New Look Dispex Nudger	9-10
Turning Knowledge into Action	12-13
Dispensary Supplies	16
What Are Dispex Members Talking About?	17
Dispex Answers Your Questions	18

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PAs and VAT
Interactive Profitability Tool
in 3 Parts MEMBERS-ONLY

dispex.net/profitability-tools/pa-toolkit

FREE WEBINAR

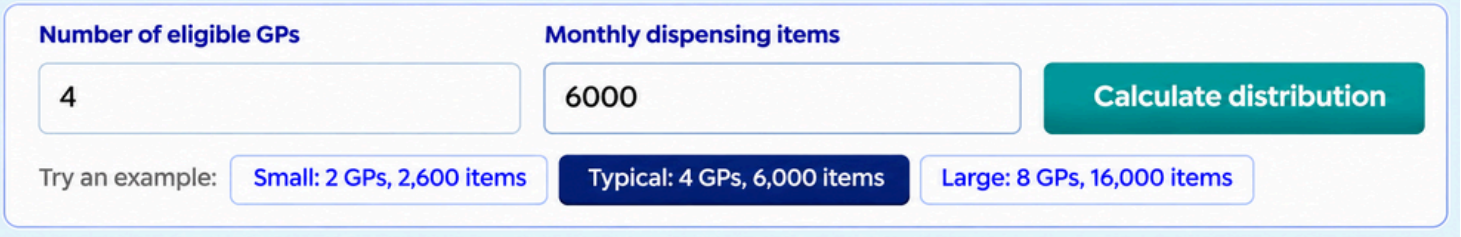
Discover how our new members-only tool can work for you!

11th November I 1-2 pm

Open to members and non-members

PLUS | *Be the first to see the* **Dispensing Fee Optimiser** *in action* *on Wednesday*





BOOK NOW

By Dr Philip Koopowitz – Director Dispex

Who can sign an NHS prescription?

A plain guide for dispensing practices



Who can sign an NHS prescription?

Sources: Human Medicines Regulations 2012; GMC; NHSBSA

A question came up on the Dispex WhatsApp group recently: who is actually allowed to sign an FP10? It matters more to dispensing practices than to most, because so many of our prescriptions are still paper. This article sets out the answer, where it comes from, and what it means for your practice.

The short answer

> Only an appropriate practitioner under the Human Medicines Regulations 2012 can sign a prescription for a prescription-only medicine. The prescription must be signed in ink by the person giving it. Nurse and pharmacist prescribers can only sign their own prescriptions, never GP-generated ones. Whoever signs carries the legal and clinical responsibility for it.

Who can sign

Regulation 214 of the Human Medicines Regulations 2012 lists the appropriate practitioners. In a GP practice that means:

- Doctors with GMC registration, including GP registrars and F2 doctors.
- Nurse independent and supplementary prescribers, but only their own prescriptions, issued in their name with their own prescriber code and prescriber type.
- Pharmacist independent and supplementary prescribers, but only their own prescriptions, issued in their name with their own prescriber code and prescriber type.

Regulation 217 adds two more conditions. The prescription must be signed in ink by the appropriate practitioner giving it, and it must show the kind of practitioner giving it (doctor, pharmacist independent prescriber, and so on).

Who cannot sign

Anyone not on that list, whatever the practice policy says:

- **Nurse or pharmacist prescribers signing a GP-generated script.** The form identifies the prescriber as a doctor, so it is not a valid prescription if a non-medical prescriber signs it. See below.
- Physician assistants and physician assistants in anaesthesia. The GMC is explicit that they cannot prescribe or sign. They can propose a medicine for an authorised prescriber to review and sign.
- Pharmacy technicians
- Nurses who are not registered prescribers
- Dispensers, prescription clerks, practice managers and any other non-clinical staff

> Signing a prescription you are not entitled to give is a criminal offence under regulation 255 of the Human Medicines Regulations 2012.

Non-medical prescribers sign only their own prescriptions

This is where practices most often go wrong. A nurse or pharmacist prescriber cannot sign a prescription that has been generated under a GP's details. The form would say the prescriber is a doctor, and regulation 217 requires it to show the kind of practitioner who is actually giving it.

- Non-medical prescribers must prescribe under their own name, their own prescriber code and their own prescriber type (for example “Pharmacist Independent Prescriber”).
- Each non-medical prescriber needs their own prescriber code from NHSBSA. Ask your clinical system supplier to set them up correctly.
- Handing a clinical pharmacist a pile of GP-generated repeats to sign is not lawful, however experienced they are.

Doctors are different. The regulations require the kind of practitioner, not the name, so a registrar or locum signing a script printed with a supervisor's name and code is still a doctor signing a doctor's prescription. The registrar is the prescriber and carries the responsibility.

Continues on next page...

By Dr Philip Koopowitz – Director Dispex

> Whoever signs becomes the prescriber. A non-medical prescriber can only be the prescriber on a form that identifies them as one.

Some prescribers are limited to a formulary

Community practitioner nurse prescribers (V100/V150) can only prescribe from the Nurse Prescribers' Formulary. Items outside that list are disallowed by NHSBSA, so the practice will not be paid for them.

Who carries the responsibility

The GMC is clear on this in Good practice in proposing, prescribing, providing and managing medicines and devices:

> "You are responsible for the prescriptions you sign."

The same guidance expects every prescriber to work within the limits of their competence. In practice this means:

- A prescriber who signs a repeat prescription is responsible for it, even if a colleague started the medicine.
- Independent prescribers must only sign within their own competence.
- Resident doctors and non-medical prescribers who sign take on the responsibility for what is dispensed. Make sure they understand this before they are asked to sign.

Prescriber codes: what they do and do not mean

Every prescription carries a prescriber code so NHSBSA can attribute the cost. It is easy to confuse this with authority to sign. They are different things.

- Partners, salaried GPs and non-medical prescribers normally have their own code.
- GP registrars, F2 doctors and locums do not normally have their own code. NHSBSA guidance is that they prescribe using the code of another prescriber in the practice, usually the supervisor or the GP they are covering.
- The trainee still signs in their own name and carries the responsibility. The cost simply lands on the supervisor's code.
- F1 doctors are different. They are provisionally registered, and foundation school guidance is that they should not sign repeat prescriptions or use FP10s.

> The code attributes the cost. The signature carries the responsibility.

A word on unsigned prescriptions

NHSBSA checks prescriptions for payment, not for legality.

- It will switch a script from exempt to paid if the patient's declaration on the back is unsigned.
- It does not police the prescriber's signature on the front. An FP10 with no prescriber signature may well be paid without comment.

That is not a comfort. Supplying a prescription-only medicine against an unsigned prescription is a supply without a valid prescription under regulation 217, and the practice has no defence if it is ever challenged. The signature is a legal requirement, not an NHSBSA formality.

What this means for your practice

Signing prescriptions in a dispensing practice can feel like a chore. The national average is around £9 of drug cost per item before fees and on-costs, and the partners' business depends on every one of them being valid. So:

- Only appropriate practitioners sign. No exceptions for convenience.
- Make sure every trainee, locum and non-medical prescriber who signs understands they are responsible for what they sign.
- Nurse and pharmacist prescribers only sign prescriptions issued in their own name, with their own prescriber code and prescriber type. Never GP-generated scripts.
- Check that trainees and locums are set up on the clinical system under the right prescriber code.
- Never dispense against an unsigned FP10. Send it back to the prescriber.
- If your practice uses EPS for dispensing patients, the same rules apply to who the prescription is allocated to for electronic signature.

If you have a question about a specific situation in your practice, reach out to the **Dispex team** or raise it on the **WhatsApp group**. We're here to help.

Sources

•Human Medicines Regulations 2012, regulation 214 (appropriate practitioners)

•Human Medicines Regulations 2012, regulation 217 (requirements for prescriptions)

•Human Medicines Regulations 2012, regulation 255 (offences)

•GMC, Good practice in proposing, prescribing, providing and managing medicines and devices

•NHSBSA, prescriber codes

•Community Pharmacy England, prescription switching

•NHSBSA, Prescription Cost Analysis England 2024/25



LUNCHTIME Tutorials

Plan your professional development for 2027

Our popular 1-hour lunchtime tutorials will continue throughout January to May, offering a convenient way to refresh your knowledge, build confidence and stay on top of your training requirements. With our new dates now available, why not get ahead and book your sessions for the first half of 2027? Please note: Our CD tutorial sessions will take place on Thursdays.

2027

Jan

BOOK NOW

20th Jan - Understanding the dm+d

Feb

24th Feb - Endorsing for Dispensing Practices

March

11th March - Controlled Drugs Part 2 (Thurs)
17th March - NHSBSA Batch & Switching (W)

April

22nd April - Controlled Drugs Part 1 (Thurs)
28th April - NHSBSA Endorsing inc Referred Backs (W)

May

12th May - Dispex Live 2027, York Weds (TBC)
19th May - DSQS & DRUMS Guidance

2026

NOV

BOOK NOW

11th Nov- PAs (AAF) & VAT Tool (T)
18th Nov- NHSBSA Endorsing inc Referred Backs (W)
25th Nov- Controlled Drugs Part 1
Price **M:** £50+vat **NMs**: £100+vat pp

DEC

2nd Dec- Endorsing for Dispensing Practices
Price **M:** £50+vat **NMs**: £100+vat pp



2027

Members: £55 **Non-Members:** £110

Plus VAT per person, per tutorial

W: Free members-only Webinar T: Free webinar for all

TIMES:

Tutorials: 1pm-2pm **T:** 1-2pm W 12-1pm

New For Members: The Dispensing Fee Optimiser

A free tool in the members' area that shows, in seconds, whether the way your GPs share dispensing items is leaving fee income on the table.

Most dispensing practices try to keep things fair: every GP dispenses roughly the same number of items each month. It feels right. It is also, in nearly every case, not the arrangement that pays the practice the most.

That is because of how dispensing fees work. The fee per item is not fixed. It falls as a GP's monthly item count rises, in fourteen bands from £2.39 down to £2.12. So a practice's total fee depends not only on how many items it dispenses, but on how those items are spread across its GPs.



Fee per item falls in steps as one GP's monthly items rise (fee scale from 1 October 2026).

Where the tool came from

The Optimiser was built by Andrew Yardley, BSc (Mathematics), Practice Manager at Launceston Medical Centre, who shared it with us. We have amended it for the members' area. Our thanks to him.

What it does

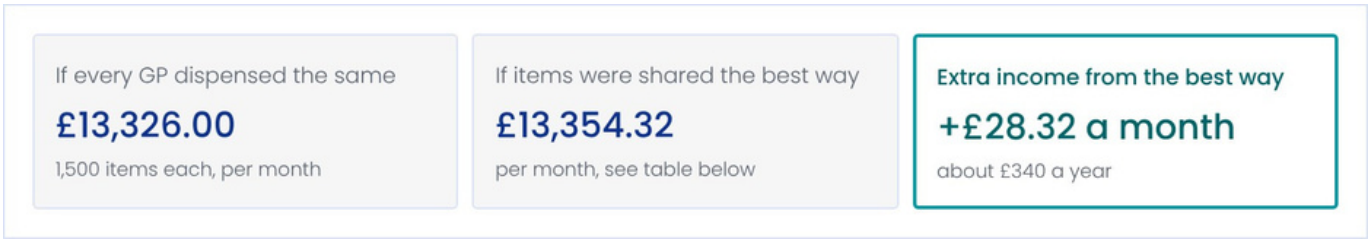
You give it two numbers: how many eligible dispensing GPs you have, and how many items the practice dispenses in a typical month. It checks every possible way of sharing those items between the GPs and tells you which one earns the most under the current fee scale, and by how much.



Two inputs, or pick one of the three example practices to see how it works.

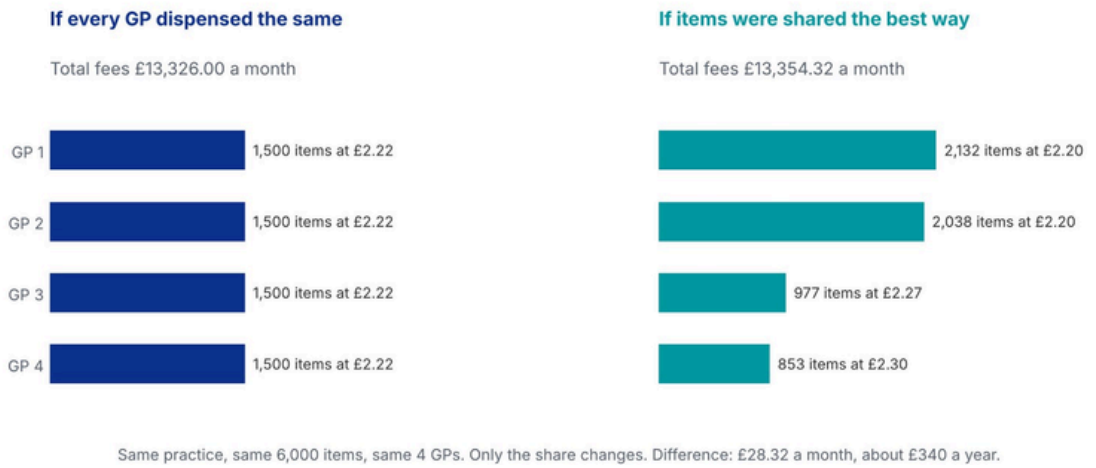
The answer comes back as three boxes. The first is what the practice would earn if every GP dispensed the same number of items. The second is what it would earn if the items were shared the best way. The third is the difference, per month and roughly per year.

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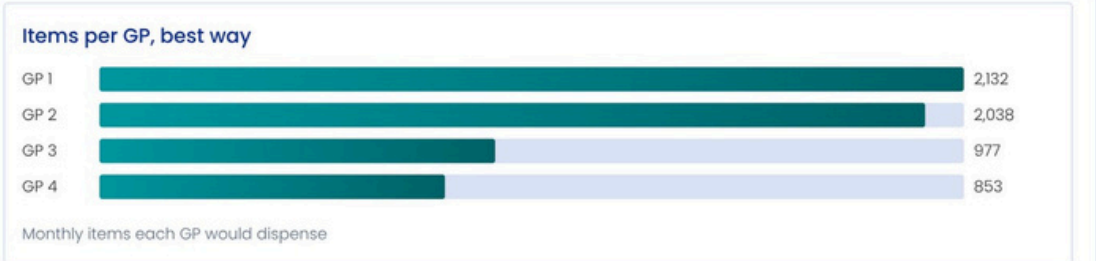
The result for a typical practice: 4 GPs, 6,000 items a month.

Here is the same example drawn out. Equal on the left, best on the right. The practice, the GPs and the 6,000 items are identical; only the share changes.



Two GPs near the top of one band and two near the top of lower bands earn more than four in the middle.

Below that, a chart and a table show the best share: how many items each GP would dispense, which fee band that puts them in, and what that GP's fees would be. GP 1, GP 2 and so on are just the largest to smallest allocations, not particular doctors. Which of your GPs takes which share is for the practice to decide.



The best way to share 6,000 items across 4 GPs

GP	Items	Band	Rate	Fee
GP 1	2,132	1,525–2,132	220.1p	£4,692.53
GP 2	2,038	1,525–2,132	220.1p	£4,485.64
GP 3	977	854–977	226.9p	£2,216.81
GP 4	853	733–853	229.7p	£1,959.34
Total	**6,000**			**£13,354.32**

The best share of 6,000 items across 4 GPs: two near the top of one band, two near the top of lower bands.

How much is it worth?

Be realistic. For most practices the gain is tens of pounds a month, not hundreds. In the example above it is £28 a month, about £340 a year. Larger practices with item counts that sit awkwardly across band boundaries can see more; many will see less.

Continues on next page...

For many practices the effort of changing how prescriptions are issued will outweigh the gain. Time is usually better spent making sure the right product is bought from the right source. Run your own numbers and decide.

Before you act on it

Three things to keep in mind.

- **It is a model, not advice.** It shows what the fee scale would pay for a given share of items. It does not tell you how to achieve that share.
- **Prescribing must stay appropriate.** Dispensing fees are paid against the prescriber named on the item. Any change to how prescriptions are issued must follow NHS regulations, your contract and professional obligations. Check before acting.
- **Nothing is saved.** The tool runs entirely in your browser. Nothing you type is sent anywhere, so try as many scenarios as you like.

Where to find it

Login to the members' area at dispex.net and look for the **Dispensing Fee Optimiser** under Profitability. A short "How to use it" guide sits under the tool. The fee bands it uses are kept in step with the Dispex Fee Scale page, so it will stay current when the scale changes.

If you have questions, or ideas for what the tool should do next, email **enquiries@dispex.net**.

The Dispensing Fee Optimiser was originally developed by Andrew Yardley, BSc (Mathematics), Practice Manager, Launceston Medical Centre, and is amended and published by Dispex Ltd for its members. It is a modelling aid, not advice; the full disclaimer is inside the tool.





DISPEX GUIDE

Tips for Conducting Effective DRUMs

Key Requirements

- DRUMs are a mandatory component of the DSQS.
- Conduct at least annually.
- Ensure all staff are trained, follow best practices, and have a signed DRUM SOP.



Preparation

Review the patient's medical notes and medication history before the review. Prepare an up-to-date list of all current medicines and ask about any over-the-counter or herbal products used.

Patient Engagement

Use clear, simple language on the DRUM form to discuss medications. Ensure patients understand each medicine's purpose and correct use. Encourage them to ask questions or raise any concerns.

During the Review

Assess how the patient uses their medicines, checking dosage, timing, and adherence. Ask about side effects or difficulties and address them promptly. Consider lifestyle factors such as diet, alcohol use and smoking that may affect treatment effectiveness.

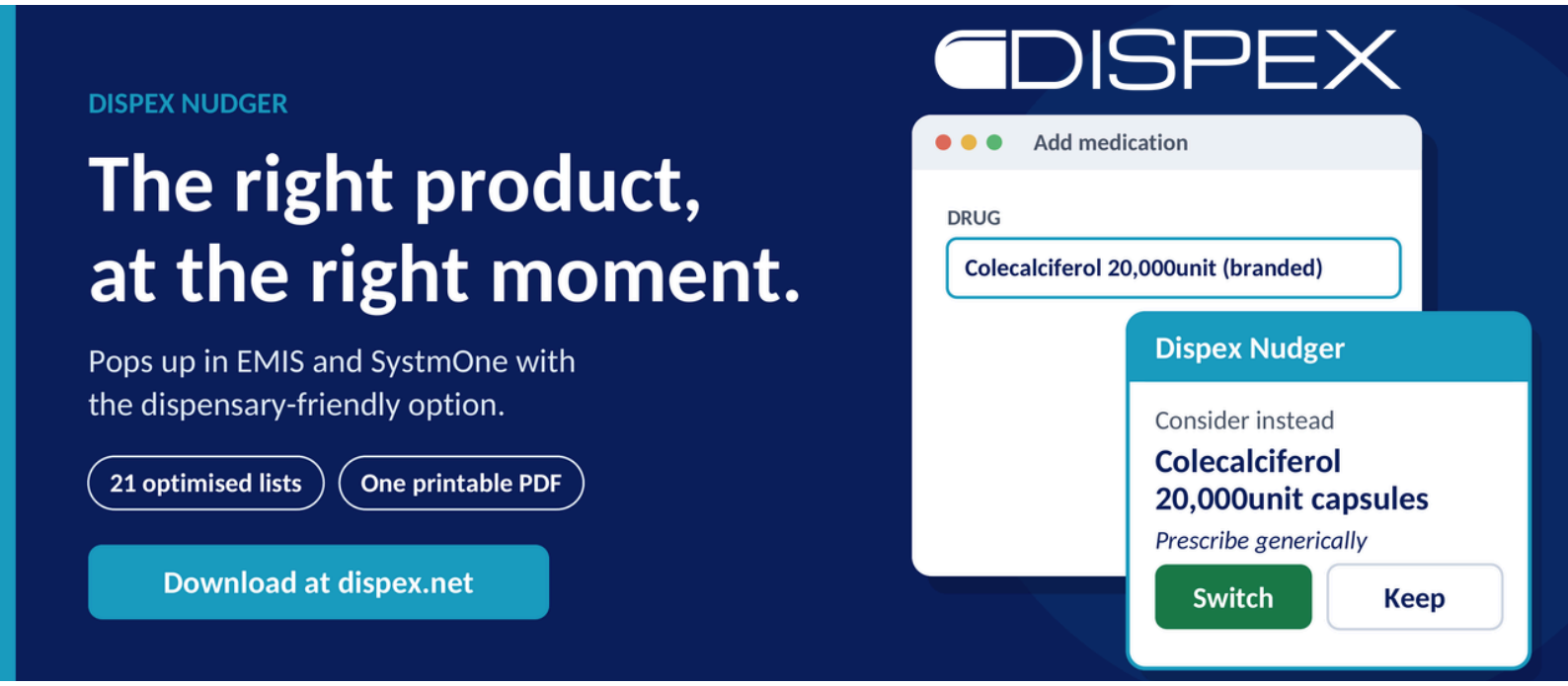
Documentation and Follow-Up

Record all findings in the patient's medical record, including any medication changes (after prescriber consultation) and the reasons for them. Arrange follow-up appointments to monitor progress and make further adjustments if needed. Work closely with GPs, pharmacists, and nurses for a coordinated approach to medication management. Provide patients with resources and ongoing support to help them manage their medicines effectively.

Whether your dispensary is new to DRUMs or you're looking for a standardised SOP, Dispex members can **login** to download our ready-to-use template, which can be tailored to suit the needs of your dispensary.

The Dispex Nudger: your prescribing memory, in one pack

By Dispex



The Dispex Nudger is a pop-up for EMIS and SystmOne. When a prescriber picks a product on one of our lists, it suggests a more dispensary-friendly option. All 21 optimised lists are now in one printable PDF.

What is the Dispex Nudger?

A dispensary-friendly formulary is only as good as the memory of the person prescribing. Generic or brand? And if brand, which one? The Nudger holds that detail and shows it at the exact moment it matters.

Picture a busy Tuesday surgery. A GP reaches for a branded colecalciferol 20,000unit capsule. Down the corridor, the dispensary manager quietly winces, because the practice formulary says prescribe it generically.

Nobody can hold every one of these rules in their head. The Nudger can.

It is a nudge, not a nag. The prescriber always decides, and it is meant mainly for new prescriptions. Each practice chooses whether to apply it to existing patients.

You build the Nudger yourself, inside your own EMIS or SystmOne system. SystmOne users can start from our empty template protocol, which contains no drugs. The step-by-step guides are on the **Dispex Nudger page** and the lists in the pack tell you which products to add.

The nudge pops up at the moment of prescribing

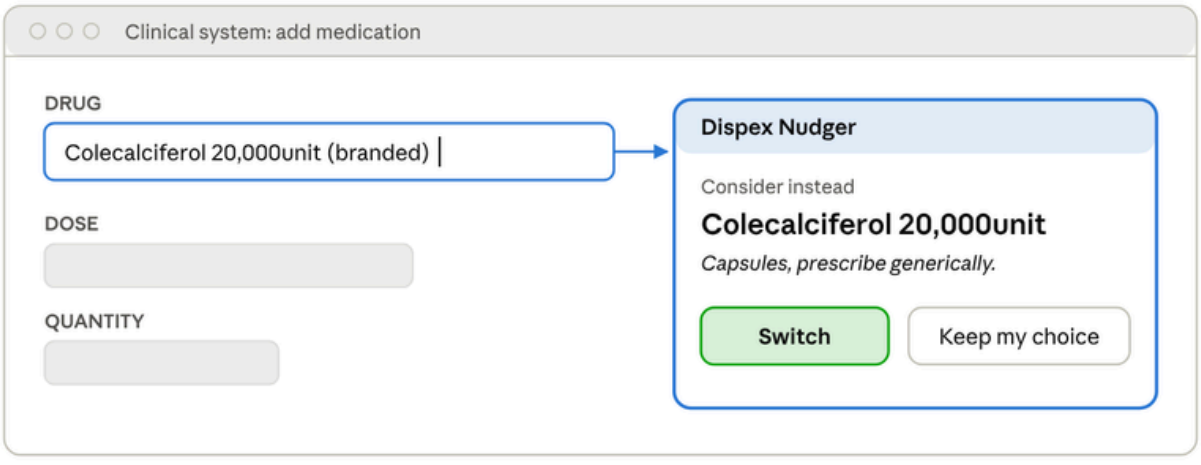


Illustration only. Each practice writes its own pop-up wording, and the prescriber always decides.

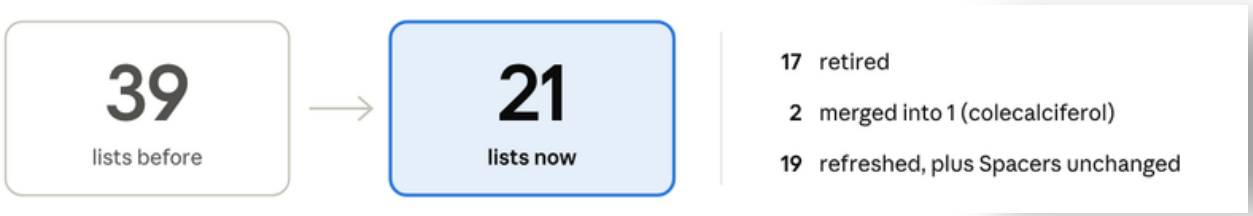
What has changed: 39 lists down to 21

We have been through every list with a red pen. The result is 21 optimised lists, all in one PDF that prints clearly, even on a black-and-white printer.

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The Dispex Nudger: your prescribing memory, in one pack

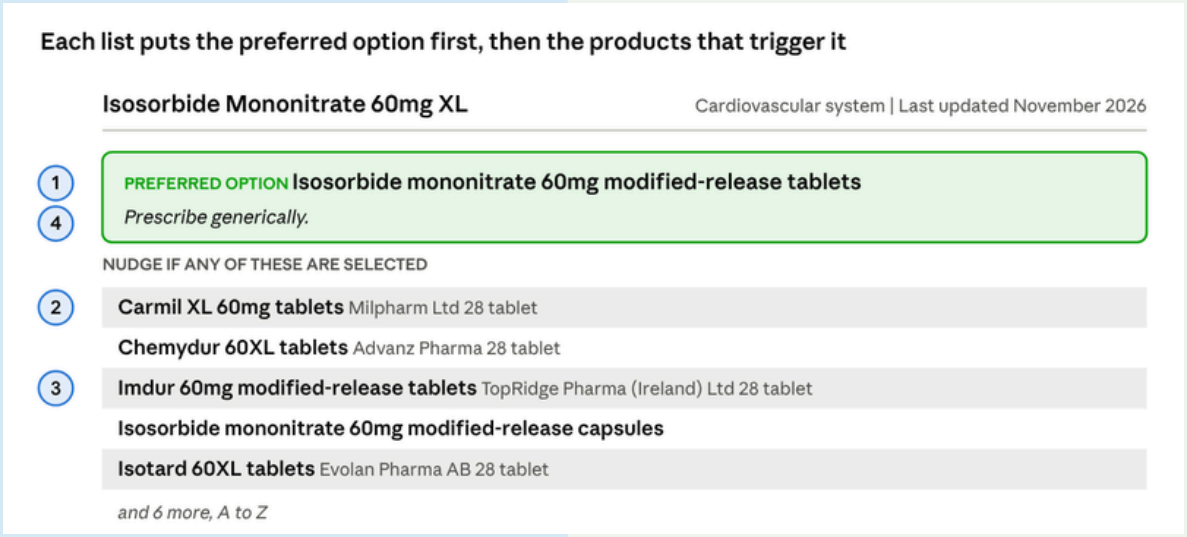
By Dispex



How to read a list

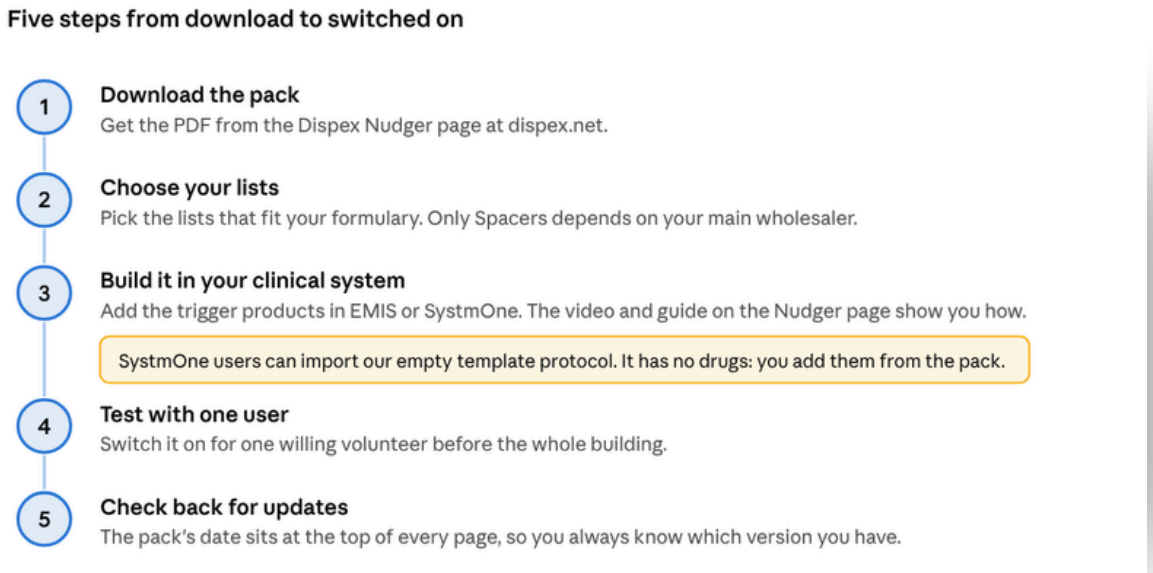
Every list follows the same four-part pattern, so the answer is always in the same place.

1.The preferred option comes first, in a box at the top of each section. This is what the nudge suggests.
2.The trigger products follow, sorted A to Z. If a prescriber selects any of these, the nudge appears.
3.Product names are in bold. The maker and pack size follow in smaller grey text.
4.Some sections add a short note, such as "Prescribe generically" or "Use e-CASS for the best generic price".



How to set it up

Here is how to get the Nudger working in your practice.



The pack, the EMIS video and the SystmOne guide are all on the **Dispex Nudger page**.

Questions? Reach out to the team or ask in the members' **WhatsApp group.**

Important: guidance only

The Dispex Nudger is guidance only. It is not clinical advice and does not replace clinical judgement. The prescriber remains responsible for every prescribing decision, and any change of product, brand or device should be discussed with the patient. Prices and supply change often, so check the current Drug Tariff and your wholesaler before acting. **Commercial relationships:** Dispex has a commercial relationship with e-CASS. We suggest it because we believe it gives practices the best generic price, but you are of course free to use any supplier.

Training

Step into Dispensary Management with Confidence



YOUR WORKSHOP JOURNEY



CQC & Compliance in Dispensing Practices

This workshop is designed to give you real clarity, not just theory.

CQC inspections aren't about perfection, they're about understanding your risks, systems and leadership. And it's often the small things that get practices into hot water, such as:

- Near misses not analysed
- SOPs not followed in practice
- Gaps in controlled drug records

Participants walk away with practical, dispensary-specific actions to improve patient safety, strengthen governance and feel confident and inspection ready-without the stress! Click **here** to read more.





DISPEX EDUCATION

Mentorship That Makes a Difference



Discover how the Dispex Dispensary Managers Mentorship Programme is helping dispensary teams turn knowledge into real improvements.

At Dispex, there's nothing we love more than hearing how our training and support are making a real difference to dispensaries across the country. We were delighted to receive some excellent feedback from Emma at Lostwithiel Medical, who recently completed our Dispensary Managers Mentorship Programme with our Lead Training Consultant, Kirstye.

From building confidence to introducing practical changes in her dispensary, Emma's experience is a brilliant example of what can be achieved with the right guidance and support.

Personalised Support That Makes a Difference

When asked which topics she found most useful, Emma's response was overwhelmingly positive: *"I found all of it very useful. Kirstye is absolutely fantastic at what she does."* One of the things Emma particularly appreciated was the flexibility of the programme. When she identified additional topics she wanted to explore, Kirstye was happy to incorporate them into her training. *"I asked Kirsty to add a couple of things in that I wanted to learn and she did without hesitation."* Emma rated the support and guidance as "*excellent*" and described the pace of the programme as "*perfectly paced*".

Emma has already introduced a number of improvements within their dispensary, including:

- Regular audits
- New dispensing bags
- A new date-checking matrix
- Changes to staff responsibilities and tasks

These are practical changes that can help create a more organised, efficient and confident dispensary team. Most importantly, when asked whether she felt more confident in her role after completing the programme, her answer was a resounding *"Yes!"*

An Investment Worth Making

Perhaps the most powerful feedback came when we asked whether she would recommend the programme to others. *"100% do it! It is definitely worth the money the practice will invest for the savings you learn to make."* She also reflected on how the programme reinforced her existing knowledge while revealing areas they hadn't previously considered. *"I knew a lot more than I realised, but also there was a lot I didn't even know I needed to know."*

It's a great reminder that even experienced dispensary staff can benefit from taking time to review their processes, refresh their knowledge and discover new ways of working.



Shilpa, Kirstye, Caitlin & Beth



Lisa & Kirstye

Continues on next page...

A huge thank you to Emma from Lostwithiel Medical for sharing your feedback, and of course to Kirstye for continuing to deliver the knowledgeable, supportive and personalised training that makes a genuine difference to our members.

For additional customer feedback, please click **here.**

Could You Be Our Next Success Story?

Whether you're new to managing a dispensary or have years of experience, there's always something new to learn. And as Emma discovered, sometimes the biggest benefits come from learning the things you didn't even realise you needed to know! We currently have space to start two new people before Christmas, so get in **touch** to secure your place today.

But Wait, There's More!

Introducing the NEW **Dispensary Manager Leadership in Practice Review**. *Putting your DM mentorship learning into practice.*

You've completed your mentorship, gained new knowledge and started making positive changes in your dispensary. But how do you know those changes are working, and what could you do next?

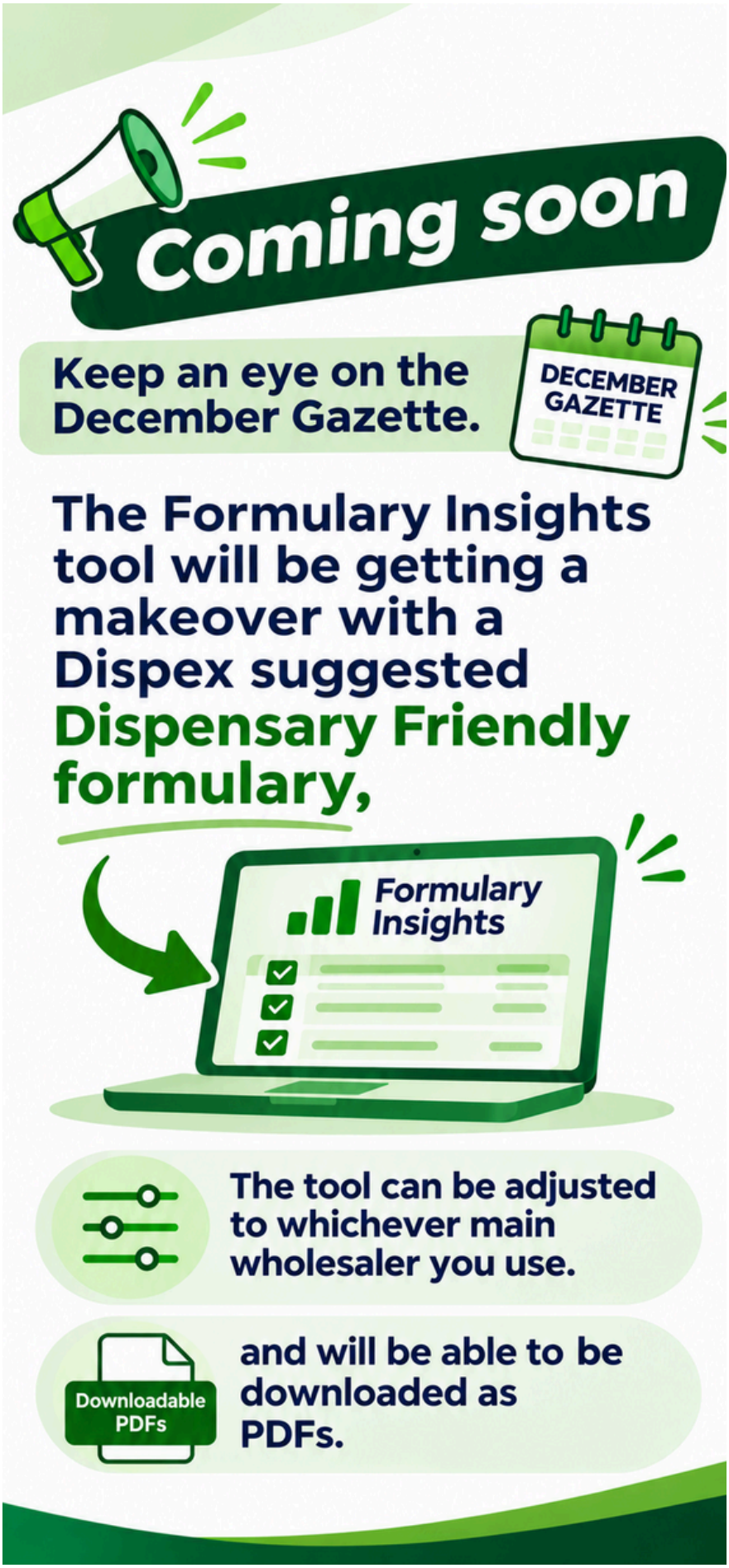
That's where our NEW **Dispensary Manager Leadership in Practice Review** comes in!

Designed as a practical follow-up to Dispex's 1:1 remote mentorship programme, this supportive ***in-practice*** visit provides an opportunity to build on your learning and see the progress you have made.

During a dispensary walk-through, you will work alongside Kirstye to review how the changes introduced following your mentorship are working in everyday practice and how well your team has embraced them.

Together you will discuss any challenges and explore practical ways to strengthen your dispensary further.

For further details, please get in **touch.**





CAMBRIAN'S COLUMN

Cambrian Alliance Group | e-CASS A Cambrian Alliance Innovation

By The Cambrian Alliance Team

Getting to the bottom of actual dispensing profit [and how to improve it]

Shortages on the TV, minimum wage increases about to hit, decrease in dispensing fees, prices spiking unpredictably.

If you run a dispensary, then even the most fleeting sight of these may have delivered a cold, sinking feeling in your stomach at some point recently (apologies if you just felt another).

It's a feeling that demands an answer to the question – "how will it all affect our profits?" – and the problem is that without the means to figure this out – it can leave you groping in the dark for ways to make things better.

Knowing the basics of exactly how much you're buying and selling stock for is business 101 – but it's made unfeasibly hard for dispensaries and pharmacies.

Historically, so many systems have not provided many of the puzzle pieces.

Some portals or PMRs don't show you tariff or concessions, certain suppliers have smoke and mirrors pricing, and you then have to wait months for FP34s for what you're dispensing *right now*.

And that's before you even get into clawback, PAs, AAs, personally administered items or dispensing fees.

It's no wonder that many teams have relied on quarterly or yearly indications of profitability, by waiting for accountants to look at the 'books'. That was something that surprised Edward Down, who was Business Development Manager at Caythorpe & Ancaster surgeries.

When he joined them, he asked about profits on ordering, and the team only knew they were doing well or not because - *"Our accountants tell us we're making money."* But as he said – accountants work on last year or last quarter's results. How do you know how profitable ordering is at the moment – and do they have all the info to be able to say?

All of this is an indication that there's not been one obvious way for managers to bring everything together. That's why at Cambrian; we put a lot of effort into bringing all the possible data we can into one place – our monthly purchasing profit report.

For member Michelle Pilo-Beech at Hardwicke House Group Practice, it's one of the main reasons they are members:

"Our visibility on profits has increased. Both through using the e-CASS ordering portal and monthly profit reports, which provide clearer and more timely financial insights."

Our dispensing doctor Business Manager in the East of England, Rachael Balcombe talked us through what data is on there, and what's valuable when she's talking members through it.

"The 1st thing is to ensure they know their clawback, and inputting that so the report is as close to true profit as possible.

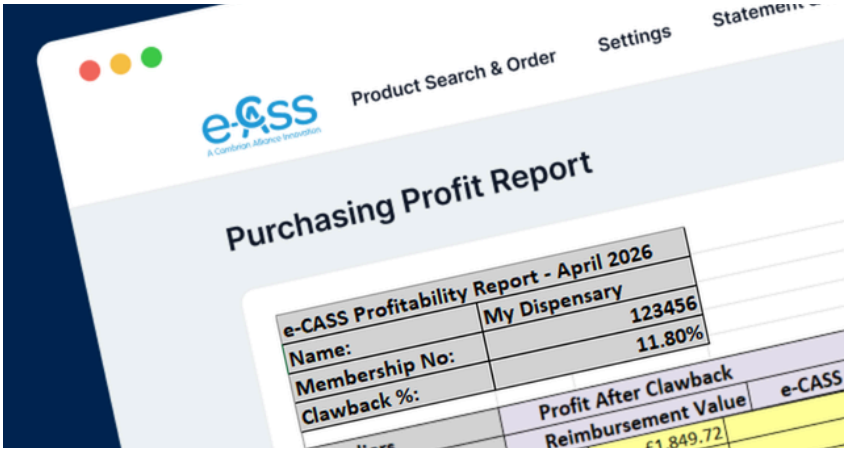
As soon as that's inputted, we can already see % profit on ordering overall, and for each supplier. It shows exactly how many items were ordered through each wholesaler, which alongside the % profit, starts to build a clearer idea about how the team is ordering."

As Rachael helps dozens of surgeries to analyse their report each month, she gets to see what is both good practice – and a good benchmark for overall profit.

Continues on next page...

Getting to the bottom of actual dispensing profit

By The Cambrian Alliance Team



"20-25% after clawback (excluding dispensing fees, of course) is usually what I tell teams that they can aim for. Knowing that other surgeries are doing the same and having that big number to go for does motivate teams to look for the tweaks they can make to up profit."

Once they've looked at the summary, they can move into seeing profit/loss on every single product that has been ordered via e-CASS - and filters allow you to play around to really dig into the detail.

For Michelle, that's helpful –

"We can easily identify areas of loss or lower margins, and review these accordingly. "

That can mean using MDS deals better, switching to more profitable brands, or where ordering specific items through a certain supplier, manufacturer or discount scheme is actually hurting the bottom line.

It also lets them know if the changes they made in the last month are working – so rather than being fraught with worry, teams can feel good that their ordering is bringing that profit margin up.

Michelle says;

"The reports allow us to regularly review our dispensing data, and the enhanced visibility of tariff and clawback on e-CASS means staff are confident in making more informed decisions when ordering."

That's why Cambrian's profit report is so helpful. Rather than trying to piece together what is and isn't making money from invoices, portals and delayed reimbursement data, it gives dispensing doctors a monthly line-by-line view of what they are actually buying and if they need to order differently.

It gives them a way to manage stuff, not just more things to worry about.

That is especially important in a market where the pressures on dispensaries are unlikely to ease. As Rachael says - *"the value is not just in seeing a number, but in understanding the story behind it."*

Whether that's upping your net profit, allowing your team to have some 'quick wins' by showing them new products to order or cutting out costly errors, it can make ordering less fraught for managers, and their teams.

Key ways to understand your profits:

- Use a system that includes net pricing concessions & clawbacks at the point of order
- Know your clawback %
- Understand your generic/branded mix
- Chat with other dispensaries to compare how different schemes, suppliers and formularies are impacting the bottom line
- Audit your supplier price tiers, discount schemes, MDS deals etc – make sure you understand all the levers impacting prices

Dispex Note:

Using Cambrian is most probably the first time dispensaries have had a chance to assess purchasing profit. The overall percentage figures and profit are currently about as accurate as Cambrian can get. Cambrian users should note that the VAT equivalent Reimbursement on products which "Attract an Administration Fee" are not factored into those particular product profit figures. This means that the % profit seen on the Monthly Profit Report is actually understated. Dispex is working with Cambrian to try to integrate these calculations.

DISPEX CD

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FREE 3-month trial for non-members

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

- SAVE TIME
- SAVE MONEY
- REDUCE ERRORS
- SAFE & SECURE
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Order your trays more conveniently

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Cambrian Alliance Group

DISPEX

TWO WAYS TO ORDER

1. e-CASS Marketplace

Use "Product Pricing & Information"

ecassweb.co.uk

Save time | All in one place | Trusted quality | Open to all

2. Dispex website

Existing ordering process remains in place.

dispex.net/members-offers



LEARN MORE

Members receive discounted pricing through either ordering method.

Monthly trays available via the Marketplace

What Are Dispex Members Talking About?

By Dispex



October was another lively month in the Dispex WhatsApp group. Our members have been busy sharing experiences, asking questions and offering valuable advice and support to one another. Here's a roundup of some of the key topics and discussions from the month.

STOCK SHORTAGES & ORDERING

Members discussed ongoing stock availability problems, including difficulties sourcing Levothyroxine. Automatic switch from generic amlodipine to Istin also raised concerns about reimbursement and ordering. Philip advised: "Order as Amlodipine Besilate rather than Maleate or Mesilate"

MIRENA vs BENILEXA

A lively discussion explored switching from Mirena to Benilexa, generic prescribing and the implications of using Benilexa for HRT.

Members highlighted:

- Benilexa is licensed for contraception, not HRT.
- FSRH guidance supports the use of any 52 mg LNG-IUD for endometrial protection for five years.
- Several reported difficulties with Benilexa's faffy delivery device.

EMERGENCY DISPENSING & NHS PRESCRIPTIONS

Another member raised the question of whether emergency dispensing to a non-dispensing patient following an urgent GP request attracts payment. Philip, confirmed that payment would not be received unless the item attracts an administration fee according to NHSBSA.

A further discussion clarified that the patient's registration status remains non-dispensing.

NHS PRESCRIPTIONS FOR PATIENTS ABROAD

Philip highlighted BMA guidance on supplying medication to patients temporarily abroad.

The guidance states:

- Ongoing medication may be supplied for temporary periods abroad of up to three months.
- For longer periods, sufficient medication should be provided to reach the destination and arrange an alternative supply.
- NHS prescriptions must not be obtained by relatives or friends on behalf of patients currently abroad.

VACCINES & FP34D

A member asked which vaccines require printed FP10 prescriptions. Philip shared NHSBSA guidance identifying which vaccines should be added to the FP34D, with other vaccines requiring prescriptions.

EPS, PAPER PRESCRIPTIONS & DISPENSARY EFFICIENCY

Members compared staff time savings from EPS with the potential profitability of paper prescriptions, including margins and generic-to-brand changes.

A big thank you to everyone sharing questions, experiences and practical advice throughout October. Keep the conversations going -your shared knowledge makes a difference!



DISPEX ANSWERS

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

dispex.net



Q Am I right in thinking that creams can be supplied by an appliance contractor? If so, would we follow the same process as we do for other appliances?

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)

Dispex WhatsApp Group

JOIN NOW