Essential Dispensing: A beginner’s guide to NHS GP Dispensing Services

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Before you use this guide

As we approach a crossroads in General Practice and many GPs who had a special interest in dispensing are retiring, the next generation of Dispensing GPs are feeling vulnerable and ill-prepared to take over the running of their dispensaries.

Therefore, we have written a simple guide to dispensing for the uninitiated. This is not a comprehensive document and many issues to do with dispensing have not been covered, as they are included in more detail in the DDA Dispensing Guidance 2012.

Armed with this information, we hope you will have a better understanding of the business aspect of ensuring a profitable dispensary, and so ensuring the high service levels that most rural practices provide to their patients.

Before we get down the nuts and bolts, it is imperative to re-iterate that when prescribing, all prescribers should follow the DDA mantra of:

- Patient first
- NHS second
- Practice third

In practice, this means: prescribe what is right for the patients, then assess whether it is the right alternative for the NHS, then assess whether it is the right product for the practice.

We hope you find the following information useful.

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This publication has been brought to you by the Dispensing Doctors’ Association.

This publication, and any subsequent updates, are available to DDA Members online at: www.dispensingdoctor.org
The money practices receive for providing dispensing services is made up of two separate elements: Remuneration (ie pay) and Reimbursement (for the cost of the drugs dispensed). Reimbursement is dealt with the next chapter.

The remuneration element is paid through a fee per item dispensed (the dispensing fee). It is paid on a sliding scale dependent on the number of items dispensed. The fee takes the form of a sliding scale set out in the Statement of Financial Entitlements for England, Scotland and Wales (available online at the Dispensing Doctors' Association at www.dispensingdoctor.org).

The total sum (or envelope) available for doctor dispensing services is negotiated annually by the GPC and NHS England according to an agreed formula that takes account of costs and dispensing volume and the award, if any, made by the Review Body on Doctors' and Dentists' Remuneration (DDRB). Once agreed, the envelope is fixed for the year.

Thus, if the number of items dispensed rises or falls beyond that expected, the dispensing fee will have to be adjusted so that, overall, the envelope is accurately delivered. The calculation of the actual fee and the levels within the fee scale is carried out by an impartial technical steering group.

All GP principals, whether partners or not, count as individual GPs for the purpose of calculating the dispensing fee. Most practices try to even out the number of items per doctor and there will be an option in the GP computer system settings to choose this facility.

Dispensing fees for England, Scotland and Wales are banded according to the volume of prescriptions written by an individual practitioner and claimed for as a dispensed or personally administered item. The details of the bands are set out in the regional Statement of Financial Entitlements.
In England, the PD1 Report uses the following terms:

- **Forms:** total number of forms sent per month minus those returned for further clarification/endorsement

- **Items:** Total number of prescription items minus those referred back and those disallowed. The number of items may differ from those listed under the heading of 'Presc (no of fees)' as a dispensed prescription item can attract more than one fee. See below for more information. Examples include HRT and luteinising hormone releasing hormone analogues

- **Presc (no of fees):** Total number of fees payable for prescriptions dispensed and personally administered items

- **Total of Basic Prices (net ingredient cost):** Total net ingredient cost of items dispensed and personally administered excluding dispensing costs and fees

- **Discount abatement (clawback):** A deduction that assumes the practice has received a discount from suppliers. For more information, see the section: **Understanding Clawback**

- **Fees (cost of):** The total amount of professional fees, and those accruing from dispensing and personally administered items

- **VAT:** Applied to total of basic prices plus % addition to basic price (if applicable) minus clawback.

**An example to illustrate dispensing practice funding:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bendrofluazide 2.5mg tablets</td>
<td>28</td>
<td>£1.15</td>
</tr>
<tr>
<td>NIC (list price/drug tariff):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less clawback (11.18%):</td>
<td></td>
<td>£0.13</td>
</tr>
<tr>
<td>Net price:</td>
<td></td>
<td>£1.02</td>
</tr>
<tr>
<td>Drug reimbursement:</td>
<td></td>
<td>£1.02</td>
</tr>
<tr>
<td>Dispensing fee:</td>
<td></td>
<td>£2.309</td>
</tr>
<tr>
<td><strong>Total received:</strong></td>
<td></td>
<td><strong>£3.33</strong></td>
</tr>
</tbody>
</table>
Scotland

There are some differences. In Scotland:

• A container allowance is paid as part of the dispensing fee
• The dispensing fee level is not subject to the same envelope as is the case in England and there is less fluctuation in fee level
• The level of fee and the various payments are set out in the Scottish Drug Tariff - important if not essential reading for dispensing GPs in Scotland.

Private prescriptions

A small amount of income can be earned from private prescriptions for a group of drugs that are defined by the GP contracts. This group includes medications for malaria prophylaxis and blacklisted drugs, as listed in the Drug Tariffs.
For more information, see section: Navigating the Drug Tariff.

There are two charging options:

• Charge a prescription fee and do not dispense the item
• Do not charge a prescription fee, but dispense the item from your dispensary and charge a dispensing fee plus a mark-up on the basic price of the drug.

If you dispense a private prescription you must add VAT. Pharmacies do not charge VAT on their private prescriptions.

Fees and mark up are decided at individual practice level. Charges should account for costs of the labour and packaging involved in the dispensing process.

Politics of remuneration

Due to the need to achieve cost efficiencies in the NHS, the dispensing fee is likely to continue to fall in real terms. Recognising this, pharmacy contract negotiators are encouraging pharmacies to take on more services and are attempting to negotiate a contract that is less reliant on dispensing income. This will be a trend that is likely to be seen in dispensing practice as well, although the specific details of how income will be delivered through service routes are yet to be established.
Useful further information

The DDA website: www.dispensingdoctor.org

Statement of Financial Entitlements:
England and Wales 2014-15 (and amendments):
http://www.nhsemployers.org/GMS2014-15

Scotland (2013-14) (PCA(M)(2014)01):
www.sehd.scot.nhs.uk
Understanding Reimbursement

by Dr Richard West

Reimbursement to dispensing practice is based on the drug costs published in the Drug Tariff for England and Wales, and for Scotland. These are published monthly, and are available in paper copy and also online (see useful sources of information on page 9). Reimbursement is always subject to the ‘clawback’ deduction. For more information see the section: Understanding Clawback.

Reimbursement should be considered a distinct income stream from Remuneration.

For more information, please refer back to the section: Understanding Remuneration.

Calculating your operating margin

The 2010 Dispensing Practice Cost of Service Inquiry (online at: https://www.gov.uk/government/publications/cost-of-service-inquiry-for-dispensing-practices) recognises that an ‘average’ dispensing practice was operating on a 7% margin. Since 2010, discounts have declined, and drug costs have gone up - all of which will impact on operating margin in 2014 and beyond. Other influences from 2014 will include a practice's prescribing mix, in particular its use of automatically loss-making drugs that attract no discount as well as higher margin generics.

To calculate your margin:

Income = Drug income minus clawback plus VAT allowance
Costs = Drug costs after clawback plus VAT rebate
Margin = Income minus costs/income multiplied by 100.

For more information on maximising margin, please read the section: Increasing Dispensing Margin
**Concession/adjusted prices**

Drug Tariff reimbursement prices are altered during the month, for instance, to reflect price increases due to supply difficulties. The interim price, which will apply for the specified month only, is known as a concession (in England and Wales) or adjusted price (Scotland). Agreed concession/adjusted price items are published on DDA Online in the news section.

**Endorsing points**

If the Basic Price of a drug is not listed in the Drug Tariff then the prescription should be endorsed in order for the correct reimbursement to be paid. Advice on endorsement is provided in the 2012 Dispensing Guidance, published by the DDA and free to DDA members. For more information, read the section: **Navigating the Drug Tariff**.

**The Reimbursement Statement**

In England and Wales, total reimbursement is detailed on the statement available via the Exeter system. In Scotland, the statement is issued by Practitioner Services. Reimbursement is not broken down and there is no ability to check which prescriptions have been paid and which have been referred back to you. Neither is it possible to check the accuracy of the pricing authority’s work. English dispensaries should check the statement line: ‘Adjust for the prescription charges’

In England, NHS Prescription Services will calculate the number of prescription charges that you have collected and recharge those fees to you. The calculation is made on the basis of the declaration made by the patient on the back of the prescription form, or based on pertinent patient information, for example, on the patient’s age. To reduce erroneous deductions, it is important to ensure that declarations are properly collected and exempt and chargeable (charge collected) prescriptions separated for submission. There is no mechanism for appeal relating to charges arising from prescription switching (from exempt to chargeable) – the charges are just removed.

**Submission advice**

To trigger reimbursement, forms should be sorted according to the prescribing doctor and, in England, further sorted into ‘charge collected’ and exempt. These should be sent to the
relevant pricing authority within five days of the end of the relevant month. This is a very valuable package, which needs to arrive safely and in a good state. There is a mechanism for dealing with them when they are lost in the post. However, it is much more advisable for them to get there correctly.

Each region has its own reimbursement claim submission document, which is personalised to each practice. The forms for dispensing practices are:

**England: FP34D**

**Wales: WP34D**

**Scotland: GP34A**

For more information on script submission, visit:

England: NHS Business Services Authority:  
[www.nhsbsa.nhs.uk/PrescriptionServices/3191.aspx](http://www.nhsbsa.nhs.uk/PrescriptionServices/3191.aspx)

Scotland: Practitioner Services Division:  

Wales: NHS Wales Primary Care Services:  

**The politics of reimbursement**

Reimbursement, as a key part of dispensing income, is important not just for the dispensary. Dispensing income (including remuneration – see the section: **Understanding Remuneration**) has always cross-subsidised rural general practice and will continue to do so for the foreseeable future. For this reason, the DDA is seeking to establish a fair system of reimbursement: in this, practices will make a small margin on all drugs rather selective profits and big losses.

**Useful sources of information**

The Drug Tariff for England and Wales:  
[http://www.nhsbsa.nhs.uk/PrescriptionServices/924.aspx](http://www.nhsbsa.nhs.uk/PrescriptionServices/924.aspx)
The Drug Tariff for Scotland:
http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/

Practitioner Services (Scotland): www.psd.scot.nhs.uk

DDA 2012 Dispensing Guidance. Free to DDA members. Contact the DDA Office.

The DDA offers its members a wealth of information and advice on running a profitable practice. Please visit the DDA website, www.dispensingdoctor.org, for more information, or contact the office on: office@dispensingdoctor.org or tel: 0330 333 6323.
VAT Notice 701/57, updated in 2014, clarifies the VAT liability of services provided by dispensing practices, GPs and other health professionals.

Dispensing practices across Britain should be registered for VAT in order to reclaim the VAT payable on purchased drugs.

**HMRC offers the following VAT guidance:**

**Zero-rated items are:**

- A qualifying item dispensed to the patient on the basis of an NHS prescription taken away from the surgery, and supplied by a doctor for the personal use of the patient
- ‘Qualifying goods’, which are defined as any goods designed or adapted for use with any medical or surgical treatment except for hearing aids, dentures, spectacles and contact lenses.

**Exemptions include:**

- NHS payments received in respect of the drugs or appliances that you have personally administered, injected or applied to a patient in the course of medical treatment
- Prescription charges for NHS items
- Health services provided under GMS, PMS, APMS, GDS and PDS contracts.

**Personally Administered items and VAT**

There are special reimbursement provisions for Personally Administered (PA) items that apply to all practices, irrespective of their dispensing or VAT status.

In summary, all practices – irrespective of VAT status – will receive a PA Allowance on items that are listed as PA by the NHS payment services. No VAT can be reclaimed on these items.
The arrangements and the terms of the payments for PA items are detailed in the GP Statements of Financial Entitlements (SFEs) for England, Wales, and Scotland under the section heading of ‘Dispensing’.

**The SFEs detail the following categories of item as PA:**

- Vaccines, anaesthetics and products containing local anaesthetic, and all injectable products (eg, luteinising hormone releasing hormone analogues)
- Diagnostic reagents
- Intrauterine contraceptive devices (including drug-releasing IUCDs, contraceptive caps and diaphragms, but not contraceptive implants)
- Pessaries which are appliances
- Sutures (including skin closing strips)

**Note:** Some vaccines are centrally supplied as part of specific immunisation programmes (eg, the childhood influenza and the shingles immunisation programmes). These items are not considered PA items by the NHS for payment purposes.

### Dispensed items

Some items considered PA by the NHS are also classed by HMRC as a dispensed item (ie, an item that is taken away by the patient for self administration), and VAT can be reclaimed on that product (as it can on all dispensed items). In addition, because the item is also considered PA by the NHS, the PA allowance may also be claimed. An example of a dual payment item is insulin.

If insulin is dispensed for the patient to take away for home use, two payments can apply:

1) **The NHS PA allowance**

2) **VAT can be reclaimed from HMRC (VAT registered practices only)**
Calculating reimbursement for PA

According to the SFEs, practices will be paid a dispensing fee, plus a PA allowance. This allowance is calculated by the NHS by applying the current rate of VAT to the basic price of the product (as listed in the Drug Tariff) after the relevant discount abatement rate (also known as the clawback) has been deducted.

Worked examples

Example 1: Item considered PA by NHS Payment Services

Example item: Hydroxocobalamin_Inj 1mg/ml 1ml Amp

Drug Tariff Basic Price = £10.55
Expenditure* (incl. VAT) = £10.55
Clawback rate (CBR) to apply: 11.18%
Dispensing fee (DF) payable: £2.079
PA Allowance = (BP - CBR) + VAT allowance + DF
PA Allowance = (£10.55 x 0.8882) x 1.2 + £2.079
PA Allowance = £13.32

Net income = PA Allowance - Expenditure = £13.32 - £10.55 = £2.77

Example 2: Item considered PA by both payment services and HMRC

Example item: Enoxaparin 100mg/ml x 10 pre-filled syringes (Clexane)

Basic Price (BP) = £80.33
Expenditure* (incl. VAT) = £80.33
Clawback rate (CBR) to apply: 11.18%
Dispensing fee (DF) payable: £2.079
PA Allowance = (BP - CBR) + VAT allowance + DF
PA Allowance = (£80.33 x 0.8882) x 1.2 + £2.079
PA Allowance = £85.62
HMRC VAT rebate: £16.06 (£80.33 x 0.2)

Net income = HMRC + PA Allowance - Expenditure
= £16.06 + £85.62 - £80.33 = £21.35

Important

* Expenditure on drugs can be controlled through careful buying. For more information on managing expenditure read the section: Increasing dispensing margin.
Submission documents

The normal reimbursement claim submission document is used to make the NHS PA allowance claims. For more details please refer to the section: Understanding Reimbursement.

Influenza, typhoid, hepatitis A and B, pneumococcal and meningococcal vaccines are classified as high volume PAs. The PA allowance for these vaccines is claimed using the FP34D and WP34D appendix form (attached to the main submission documents).

Useful information:

Read the Dispensing Doctors’ Association’s information on VAT [online] at: www.dispensingdoctor.org

This section includes a comprehensive list of some 5,000 items that are considered PA by the NHS, listed alphabetically by manufacturer name, and also by volume.

Understanding Clawback

What is clawback?

In the 1980s the Government established that wholesaler discount was available to dispensing doctors (and also to pharmacists). The Government decided that it wanted its share of this discount - and badged its share ‘clawback’.

The current negotiated rates of clawback range between 3.17%-11.18% depending on monthly dispensing volumes. The clawback table for each region is included in the Statements of Financial Entitlements applying to England, Wales and Scotland (also available on DDA Online).

Discount issues

To ensure supply continuity, a dispensary will need to have accounts with two wholesalers - the main or first line wholesaler with whom the bulk of business is placed. Transactions placed with this wholesaler will benefit from volume-related discounts.

A second or minor wholesaler will be used for products that may be out of stock with the main wholesaler. Due to the smaller business volumes, orders placed with this wholesaler may attract little or no discount.

Due to changes in the drug distribution network, many drug companies may use just one or two nominated wholesalers - the so-called Reduced Wholesaler Model (RWM) - which may further reduce the practice’s ability to maximise volume related discounts.

Many items available to dispensing practice come without any discount but clawback is still applied to these drugs - meaning they are automatically loss making for the practice. Controlled Drugs (CDs) and fridge items commonly attract no discount.
Many other products are available only at discounts of an average of up to 6% - which is also less than the clawback rate. Discount rate information is available from the DDA’s RWM table (see further reading, below).

Such items are always dispensed at a loss to the practice. This has become an established trend and it is likely to continue unless there is sustained commercial pressure to increase discounts (for example, where there are large numbers of drugs).

In this scenario, the practice may decide to operate their business at a loss, or, subject to patient consent, may direct the patient to another supplier - a pharmacy, for example - which may be able to supply the items.

**The politics of profitability**

The overall effect of clawback is to reduce the profitability of the dispensary. Now that the vast majority of items dispensed are generics - whose prices are controlled via Category M or Part 7 (refer to our section: *Navigating the Drug Tariff*) there is no logical argument to retain the clawback while operating Category M/Part 7 pricing controls.

**Useful further reading**

The DDA RWM/DTP table [online] at:
www.dispensingdoctor.org

Statements of Financial Entitlements (England, Scotland and Wales)
England and Wales 2014-15 (and amendments) is available from NHS Employers [online] at:
http://www.nhsemployers.org/GMS2014-15

The GP statement of Financial Entitlements for 2013-14 (PCA(M)(2014)01) is available from the Scottish Government Health and Social Care Directorate [online] at:
www.sehd.scot.nhs.uk

The DDA offers its members a wealth of advice on maximising practice profitability. Please visit the DDA website, www.dispensingdoctor.org, for more information.
Increasing dispensing margin

by Dr Richard Melton

In rural practices where the costs of service provision are higher, dispensing income provides an important cross subsidy for wider healthcare services provided by the practice. The following may help practices protect this vital source of income.

Appoint a dispensing lead: Appoint a clearly identified and responsible person as the dispensing lead. This person will ensure that the practice formulary is informed by patient need, stock availability, and where appropriate, reimbursement prices.

Keep abreast of changing discounts: See the DDA’s online RWM/DTP table for the current discount arrangements.

Direct ordering: Ordering direct from companies such as Clarity or Williams Medical may also increase profitability.

Generic loyalty schemes

Generics will make up the majority of your purchases by volume, but, typically, only around 25% of the total wholesalers bill. Most generics can be bought for about 60% of the basic price and ‘shopping around’ for generics on cost alone can prove fruitful. However, constant changes in supplier, and hence product presentation and packaging can confuse patients and jeopardise adherence.

It must be a basic principle for all dispensaries that prescriptions are written for the benefit of the patient first, followed by that of the NHS and then the practice.
To maintain continuity of generics supplier, while maximizing margin, it may pay to take advantage of a generics supplier’s loyalty scheme.

These schemes offer volume-related rebates on their medicines. Such schemes may be also linked to a wholesaler/s. An example is the Actavis Accumulator Scheme.

**Short liners**

Some wholesalers will offer only a very limited range of medicines - and sometimes with short shelf lives - but often at much larger discounts than those available from the mainline wholesalers *(AAH, Alliance Healthcare and Phoenix)*. Availability and extent of discounts should be weighed up against problems relating to continuity of supply and also of parallel imported items (items that have repackaged for supply in the UK), time spent sourcing supply, and supply costs. Examples of short liners serving dispensing practice include: **Forte Direct, Lexon and OTC Direct.**

**Buying groups**

Joining a buying group is a way to maximise discounts: buying as a group, practices can increase their buying power. Being part of a buying group can also offer service convenience as well as access to additional membership services such as staff training or networking opportunities, as well as convenient access to Manufacturer Discounts (see below). Examples of dispensing practice buying groups include those run by the mainline wholesalers: **Forte (Alliance Healthcare), St Thomas Court Group (AAH) or PSUK (Phoenix).** Practices will need to make sure that the discounts they receive more than pay for the monthly membership fee, and that practices do not lose discounts by relying on the buying group and not shopping around.

**Manufacturer Discount or Rebate Schemes**

Manufacturer Discount Schemes (MDS) offer dispensing practices a way to purchase medicines at increased discount. Traditionally, but decreasingly, these schemes may be offered by a product supplier when there are a number of competitive branded products available in the market, as a way of supporting sales of that product. MDS arrangements are usually negotiated directly with the supplier by individual practices, although MDS terms may also be offered by a dispensing practice buying group. These terms will be in addition to any discounts offered by the pharmaceutical wholesaler.
Drug Tariff

Adjustments to the reimbursement prices of readily available generics are made four times a year, informing the reimbursement prices of drugs listed in Category M of the Drug Tariff for England and Wales, and Part 7 in Scotland. These adjustments should be monitored and anticipated by the dispensary lead: adjustments can be significant, and if these result in a significant differential between the purchase price of an individual drug, this can result in a significant effect on the dispensary’s operating margin. For more information on Category M, please see the section: Navigating the Drug Tariff.

Useful further reading

The DDA RWM/DTP table [online] at: www.dispensingdoctor.org

The DDA offers its members a wealth of advice on maximising practice profitability. Please visit the DDA website, www.dispensingdoctor.org, for more information.
Essential Dispensing: A beginner’s guide to NHS GP Dispensing Services
Navigating the Drug Tariff

by Dr David Baker

This document, now published electronically on a monthly basis, in England and Wales, and separately in Scotland, is an essential reference for all dispensers; it tells you what you may or may not supply to your patients and the reimbursement price for the particular drug or appliance you prescribe.

Both Tariffs are divided into Parts:

**England and Wales**

The Tariff for England and Wales contains a preface with definitions of the terms used and advance notice of forthcoming changes; and Parts I to XXI, not all of which are relevant to dispensing doctors.

The Parts that apply to dispensing practice are:

**Part II**

- Clause 8 (Basic Price)
- Clause 9 (A and B only) Endorsement requirements. NB Clause 9C does not apply to dispensing practice: ‘NCSO’ is not available
- Clause 10 (A, B and C) (Quantity to be Supplied)
- Clause 11 (Broken Bulk), clause 13 (Drug Preparations Requiring Reconstitution from Granules or Powder)
- Clause 12 Out of Pocket expenses
- Part IIIA (2A only) Specials payments
- Part VIIIA Basic Prices of Drugs
- Part VIIIIB Specials
- Part IX Appliances (Approved list of Appliances)
- Part XV Borderline substances
- Part XVIII Drugs, Medicines and Other Substances not to be ordered under a General Medical Services Contract
The most used section is the list of Basic Prices of Drugs (part VIII) -

**Example from March 2014 Tariff:**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Pack size</th>
<th>Price(p)</th>
<th>Up or down since last month</th>
<th>Category</th>
<th>Brand on which price is based (Cat C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aciclovir 800mg dispersible tablets</td>
<td>35</td>
<td>862</td>
<td>▼</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Aciclovir 800mg tablets</td>
<td>35</td>
<td>481</td>
<td></td>
<td>M</td>
<td>Olbetam</td>
</tr>
<tr>
<td>Acipimox 250mg capsules</td>
<td>90</td>
<td>4633</td>
<td></td>
<td>C</td>
<td></td>
</tr>
</tbody>
</table>

The following symbols are also used in the table:

- ■ Special container eg, eye drops and creams
- ● Item requiring reconstitution eg, amoxicillin 125mg/5ml suspension
- § Selected list item eg, sildenafil [Item prescribable under the NHS only under specific circumstances: see Part XVIIIB]

Items are classified in one of three categories: A, C or M dependent on how their price is calculated.

**Category A:** items that are readily available. Priced calculated from weighted average list price of Alliance, AAH, Actavis, and Teva (Broken Bulk may be claimed)

**Category C:** Items that are not readily available as a generic. Priced based on the manufacturers’ or suppliers’ list price. If more than one size is listed then the prescription must be endorsed with the pack size used. (Broken Bulk may be claimed)

**Category M:** readily available (mainly generic) items. The Secretary of State determines the price based on information submitted by manufacturers. (Broken Bulk can only be claimed if the smallest listed pack size costs more than £50)
The following pack sizes are considered when calculating Category M prices:

- for tablets and capsules, all prescription only medicine pack sizes up to and including 120 unit doses;
- for liquids and some creams (including special containers) up to and including 500ml/500g.

**NB**

1. Where a pack size for a product listed in this Part exceeds the quantities stated above, the listed pack size is the only pack size considered when calculating the price.
2. Category M prices are adjusted every three months in order to meet their aim of limiting pharmacists’ purchase profit to an annual sum of £800M. It is thus vital to keep up to date on forthcoming price changes to this Category to avoid being caught with stock on the dispensary shelf that will be reimbursed at a fraction of its cost. Big changes tend to be introduced in April and October, with smaller adjustments in January and July.

Changes are usually announced about two weeks before coming into effect and are available on the DDA website [www.dispensingdoctor.org](http://www.dispensingdoctor.org).

**Part VIII B (Specials):** For more information see the section: Dispensing Specials.

**Part IX (Appliances):** The important thing to note from this section is that if the appliance you want to prescribe is not listed, you cannot prescribe it on the NHS: if you do, you will not be reimbursed anything at all. For more information see the section: Using an Appliance Contractor.

**Part XV (Borderline Substances):** A list of those items (e.g. foods) that are normally not prescribable but which may be prescribed in specific instances for specific diseases. Prescriptions must be endorsed “ACBS” to ensure payment.

**Part XVIIIA (items not to be prescribed):** Self explanatory. If you dispense these you will not be paid for them and, in exceptional circumstances, could be found in breach of your contract.

**Part XVIIIB:** A fairly short list of items to be prescribed only in specific circumstances eg, avanafil, oseltamivir (Tamiflu), or clobazam. Prescriptions need to be endorsed “SLS” to ensure payment.

**Parts III - VII and XI - XIV (relating to fees and discount scale):**

These parts apply only to pharmacies.
Scotland

Monthly amendments to the Scottish Drug Tariff are also detailed separately online by the NHS in Scotland: [www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/Amendments/](www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/Amendments/)

The Scottish Tariff is divided into the following sections that are relevant to dispensing doctors:

**Part 1:** General information

**Annex B:** Prescription Charges

**Part 2:** Dressings

**Part 3:** Appliances

**Part 4:** Elastic hosiery

**Part 5:** Incontinence appliances

**Part 6:** Stoma appliances

**Part 7:** (Equivalent to Part VIII of the Tariff for England and Wales). This part details the list of unbranded (generic) medicinal products and ingredients and the reimbursement prices for those products. The same considerations regarding stock holding (see above) will also apply.

**Part 7a:** Vaccines

**Part 9:** Chemical reagents

**Part 12:** Drugs to be prescribed in certain circumstances

**Schedule 1 to the GMS regulations: drugs, medicines and substances not to be ordered**

**Part 13:** Items on short supply

**Part 14:** Business rules of the NHS NSS Practitioner Services Division

Both Drug Tariffs should be read in conjunction with the Statements of Financial Entitlements, which list the professional fees payable to GPs with a dispensary.
For more information

The Drug Tariff for England and Wales:
http://www.ppa.org.uk/ppa/edt_intro.htm

PSNC Drug Tariff resources:
http://psnc.org.uk/dispensing-supply/drug-tariff-resources/virtual-drug-tariff/

NHS Business Services Authority endorsing guidance:

The Drug Tariff for Scotland:
http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/

Statements of Financial Entitlements for England, Scotland and Wales:
www.dispensingdoctor.org

The DDA offers its members a wealth of information and advice on running a profitable practice. Please visit the DDA website, www.dispensingdoctor.org for more information.
Specials are unlicensed medicinal products which are specially prepared to meet a prescription ordered for individual patients. Specials are ordered because the patient needs a presentation of the medicine that is unavailable in a licensed form. Specials are usually liquids, skin preparations or eye drops.

When a Special needs to be dispensed it is important to check the relevant section of the Drug Tariff – Part VIII B in England and Wales and Part 7 S in Scotland. These sections list some commonly prescribed Specials and the reimbursement allowed.

It is important to source the product from the wholesaler or special manufacturer for less than the Tariff price. Dispensing a Special also attracts a fixed fee (In England and Wales in 2014) of £20 per item dispensed to cover postage/handling etc. The prescription should be endorsed XP.

If the item is not listed in the Drug Tariff then payment will depend on the source. If it has come from a manufacturer holding a MHRA Specials licence or from an importer holding a MHRA importers licence, the contractor is paid the invoice price less any discounts or rebates.

The prescription form needs to be endorsed with the pack size, invoice price (less discount/rebate), manufacturer’s/importer’s licence number and the batch number.

The prices of Specials continue to be subject to intense scrutiny and all contractors who supply Specials are expected to ensure that a) the Special is the only clinically appropriate presentation for the patient and that b) the procurement decision ensures product quality and cost-effectiveness. More information on the procurement of Specials is available free to DDA Members in the 2012 Dispensing Guidance, available from DDA Online and from the DDA Office.
If the Special has been prepared under the manufacturing part of the section 10 exemption from the Medicines Act 1968 then the contractor will be paid the cost of the ingredients. The prescription form needs to be endorsed with the names, quantities and cost of the ingredients.

**It is the responsibility of the contractor to keep records for five years of:**

- The source
- The person it was supplied to
- The prescriber’s details
- The quantity and batch number

For more information check the Drug Tariff.

### Scotland

In Scotland, there is an additional requirement for Specials not listed in Part 7S of the Scottish Tariff. Dispensers must obtain prior approval/permission from the Health Board before dispensing an unlisted product. Failure to do so can result in a refusal to reimburse the item, which can be costly to the practice. Some Health Boards have published lists of pre-approved items to facilitate the approval process.

**For more information**

The DDA Dispensing Quality Guidance 2012, available free, online to members at DDA website: [www.dispensingdoctor.org](http://www.dispensingdoctor.org)

The DDA offers its members a wealth of information and advice on running a profitable practice. Please visit the DDA website, [www.dispensingdoctor.org](http://www.dispensingdoctor.org) for more information, or contact the office on: office@dispensingdoctor.org or tel: 0330 333 6323.
The Drug Tariffs for England and Wales, and Scotland list the allowable appliances. For example, in England and Wales, Part IX of the Drug Tariff lists three types of allowable appliance:

**IX(A) lists a variety of appliances, including:**

- Dressings
- Hosiery, and compression bandaging
- Catheter appliances (including catheter accessory and maintenance solution)
- Laryngectomy or Tracheostomy appliances
- Anal irrigation systems
- Vacuum pumps or constrictor rings for erectile dysfunction
- Wound drainage pouches.

**IX(B) Incontinence appliances including sheaths and catheter bags**

**IX(C) Stoma appliances**

**What is a DAC?**

A Dispensing Appliance Contractor (DAC) is, as the name suggests, a dispensary specialising in appliances, including customisation. A DAC is able to supply prescribed appliances in a convenient and timely way, either to a dispensary, for collection with their other prescription items, or delivery to the patient’s home. DAC examples include Wardles or NWOS.

**Agency schemes**

Due to the anomalous payment system for appliances dispensed in dispensing practice (see overleaf: ‘using a DAC’) most practices will choose to partner with a DAC in an agency scheme.
To use a DAC partner, the GP dispensary must obtain the patient's consent for their script to be sent to another dispensing contractor. Once given, the prescription is sent to the agency, which then provides the item, paying the practice an agency fee usually equivalent to the dispensing fee and a payment related to the type of item. It is important to note that the payment level rises from dressings, IX(C) appliances, stomas cut to size, to intermittent self catheterisation products.

A typical appliance order would go through the following pathway:

- Patient requests appliance
- Any changes or special arrangements are acted upon by the dispenser in consultation with the GP or nurses
- The prescription is produced and signed
- The dispenser checks that the products are available with Agency Supplier
- The dispenser makes a full order for all patients by 5pm and supplies the supporting prescription
- Agency customises products as required
- Delivery is made to the practice
- The patient collects the item in person, or items are delivered direct to the patient’s home.

Using a DAC

Unless an agency scheme is used, a practice dispensing an appliance will receive only the standard dispensing fee, and reimbursement at cost, minus clawback (typically 11.18%). In most cases the absence of significant supplier discounts on appliances will make it loss-making for the dispensing practice to dispense appliances on site.

DACs will be willing to dispensing your appliance scripts as in England, pharmacies and DACs have a preferential payment structure for dispensing appliances, compared to dispensing practices which are excluded from these arrangements.

The DDA offers its members a wealth of advice on maximising reimbursement profitability. Please visit the DDA website, [www.dispensingdoctor.org](http://www.dispensingdoctor.org) for more information.
Numbers are very important in running a business. The manipulation of data and the resulting figures can be used to benchmark your practice over time or against others.

Scotland

GPs in Scotland have access to a system called PRISMS which details practice level prescribing to a fairly detailed level. For more information or training on using PRISMS contact: ISD Prescribing Team at nss.isdprescribing@nhs.net

England

The NHSBA Information Services Portal provides data and reports.

The data section gives:
1. Population data drilling down from national to practice.
2. Practice prescribing information from national to practice.

The report section contains:
1. QIPP containing 19 indicators, comparing performance from area team down to your practice
2. Cost Comparators containing nine comparators of performance - from area team to practice level
3. Prescribing Monitoring, which has the following subsections:
   a. Prescribing Analysis Report
      i. Comparison of cost per Astro PU
      ii. Prescribing cost by BNF level and comparison with last year
      iii. Prescribing Costs, Volume and Average Cost per Item
      iv. Prescribing dashboard showing chapter prescribing trends
      v. Prescribing trends
      vi. Total practice prescribing, which also shows non medical prescribing in the practice
      vii. The 20 top drugs by cost.
b. **PD2** which provides extensive demographic, cost and item data of all the practices in your CCG

c. Your practice monthly **PAs** by cost and items

d. Monthly **Practice Detailed Prescribing Information (PDPI)**, which you can drill down from total BNF to chemical substances in a chapter.

**CD Monitoring**
There are 23 reports to help CD accountable officers and other registered Portal users to monitor Schedule 2 and 3 drugs prescribing in primary care.

To register, visit: [http://www.nhsbsa.nhs.uk/PrescriptionServices/3623.aspx](http://www.nhsbsa.nhs.uk/PrescriptionServices/3623.aspx)

To log in, visit: [https://apps.nhsbsa.nhs.uk/infosystems/welcome](https://apps.nhsbsa.nhs.uk/infosystems/welcome)

There are a number of webex sessions available which provide users with information on using the system.

For more information on these sessions visit: [http://www.nhsbsa.nhs.uk/4541.aspx](http://www.nhsbsa.nhs.uk/4541.aspx)

The system is easy to use.

The Information Services Portal can be found at: [http://www.nhsbsa.nhs.uk/PrescriptionServices/3607.aspx](http://www.nhsbsa.nhs.uk/PrescriptionServices/3607.aspx)

**Wales**

In Wales, practices with access to the NHS Wales network can access data sources including:

**CASPA.net** - prescribing analysis and presentation tool with online data access and enhanced functionality.

**CASPA** (Comparative Analysis System for Prescribing Audit) - a Windows application for analysis and graphical presentation of prescribing data and trends.
Prescribing Audit Reports - budget statements for individual practices

Online Catalogue - a hierarchical view of prescribing based on BNF category with access to images of the individual prescriptions from which the data is derived.

For more information visit: NHS Wales Primary Care Services [online] at: http://www.wales.nhs.uk/sites3/page.cfm?orgid=428&pid=51408

Other useful data
Common Information Requests

An NHS BSA document, Common Information Requests, details:

- Dispensing practices: name and address
- Monthly items prescribed per practice
- Quarterly Patient List Size and GP Count which includes breakdown of dispensing status and dispensing patient numbers. You can look to see what is happening to local practices populations
- Monthly medicine use reviews for each pharmacy, useful for co-located pharmacies wishing to benchmark MUR levels.

Common Information Requests are available online at: https://www.report.ppa.org.uk/ActProd1/getfolderitems.do?volume=actprod&userid=ciruser&password=foicir

PD1 report

This is a report of reimbursement and remuneration per practice per month in England and Wales.

The PD1 reports show monthly data arranged within each financial year, one financial year per tab.

This information is broken down into the areas below:

- Pharmacy Contractors
- Appliance Contractors
- Dispensing Doctors
- Personal Administration
**Sourcing your PD1**

England: NHS Business Services Authority:  
http://www.nhsbsa.nhs.uk/PrescriptionServices/3204.aspx

Wales: NHS Wales Primary Care Services:  

Scotland: Information Services Division:  

**Using the datasets**

Using multiple datasets can generate more information, which can be used to change suboptimal prescribing or procurement.

**To illustrate:**  
Use the ISP’s Prescribing Report Information, the Practice Detailed Prescribing Information (PDPI), to calculate items of benzodiazepines, even the total number of capsules and tablets used. Benchmark against national and local data. Try to reduce both items and tablets per item and then review.

Use Common Information Requests or practice computer to obtain accurate numbers of practice patients to calculate prescriptions of tablets per patient. Use Prescription Cost Analysis (PCA) data and Common Information Requests to provide a benchmark comparison.

The table opposite shows how comparative data may be used:
Table 1 Comparison between surgery and national use of penicillins

<table>
<thead>
<tr>
<th>Drug</th>
<th>No Items England</th>
<th>no. per 1,000 patient</th>
<th>Proportion</th>
<th>No Items Practice</th>
<th>no. per 1,000 patient</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillin V</td>
<td>2454 (1,000’s)</td>
<td>48</td>
<td>12%</td>
<td>525 (397)</td>
<td>43</td>
<td>12%</td>
</tr>
<tr>
<td>Flucloxacillin</td>
<td>3164.4 (248)</td>
<td>62</td>
<td>16%</td>
<td>728 (34)</td>
<td>59</td>
<td>17%</td>
</tr>
<tr>
<td>Amoxycillin</td>
<td>12578.2 (248)</td>
<td>62</td>
<td>62%</td>
<td>2446 (43)</td>
<td>200</td>
<td>58%</td>
</tr>
<tr>
<td>Co-amixocloxacillin</td>
<td>1726.6 (34)</td>
<td>34</td>
<td>9%</td>
<td>508 (2)</td>
<td>41</td>
<td>12%</td>
</tr>
<tr>
<td>Amp+Fluclox</td>
<td>224.4 (4)</td>
<td>4</td>
<td>1%</td>
<td>2 (0)</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>20147.6 (397)</td>
<td></td>
<td></td>
<td>4209 (344)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other useful data

GP Earnings and Expenses - 2012-13 [online] at:  
http://www.hscic.gov.uk/article/2021/WebsiteSearch?productid=15467&q=GP+Earnings+and+Expenses&sort=Relevance&size=10&page=1&area=both#top

GP Earnings and Expenses Time Series - 2002-03 to 2011-12 [online] at:  
http://www.hscic.gov.uk/article/2021/WebsiteSearch?productid=13317&q=GP+Earnings+and+Expenses&sort=Relevance&size=10&page=1&area=both#top

Prescription Cost Analyses

England – annual report [2013 report online] at:  
http://www.hscic.gov.uk/article/2021/WebsiteSearch?productid=14494&q=prescribing+cost+analysis&topics=13210&sort=Relevance&size=10&page=1&area=both#top

Wales [online] at:  

Scotland [online] at:  
http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Community-Dispensing/Prescription-Cost-Analysis/

Exclusive DDA member service: Wavedata generic pricing trends [online] at DDA Online:  
www.dispensingdoctor.org

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## Essential Dispensing: A beginner’s guide to NHS Dispensing Services

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Schedule</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASPIRIN Dispersible Tablets</td>
<td>75mg</td>
<td>ONE TO BE TAKEN DAILY, AFTER FOOD</td>
<td>28 dispersible tablets</td>
</tr>
<tr>
<td>SIMVASTATIN Tablets</td>
<td>20mg</td>
<td>ONE TO BE TAKEN DAILY, IN THE EVENING</td>
<td>28 tablets</td>
</tr>
<tr>
<td>ATENOLOL Tablets</td>
<td>17mg</td>
<td>ONE TO BE TAKEN IN THE MORNING</td>
<td>30 tablets</td>
</tr>
</tbody>
</table>
Although there are no compulsory qualifications for GP dispensary staff, dispensing practices are required to ensure that staff are adequately trained to deliver the required tasks of their individual role. It is good practice to ensure that staff are involved in CPD and keep up to date.

In England and Wales, provisions exist to allow for the Dispensary Services Quality Scheme (DSQS), which attracts a payment of £2.58 per dispensing patient at the end of every financial year. It is a voluntary scheme but compliance demonstrates that the practice can achieve minimum standards of quality.

Various criteria need to be met (on an ‘all or nothing’ basis) and these include:

- a plan as to how the work for the DSQS will be undertaken
- an audit which is pertinent to the dispensary, demonstrating improved care for patients
- practice dispensers have, or are working towards, a minimum standard equivalent to the Pharmacy Services S/NVQ Level 2 and have 1000 hours of work experience in the previous five years
- all dispensers have a signed certificate of competency
- the practice meets a minimum level of staffing hours depending on volume of dispensing
- Standard Operating Procedure (SOPs) are in place for all dispensing activities with proof of review and updates
- a written risk management policy is in place and other governance issues, such as clinical audit of patient counselling and of significant events
- specific information is provided to patients, and locally, regarding hours of availability
- 10% of patients on a practice dispensing list receive a READ-coded review of their medicine use: a Dispensary Review of Use of Medication (DRUM)
- the practice has a named and accountable GP.
Training courses that meet the required standards are offered by various accredited training providers including City & Guilds and Buttercups. The NVQ Level 2 'equivalent' courses do not require the trainee to be supervised by a pharmacist but they provide the necessary skills and knowledge to work competently in the dispensary. Buttercups provides a BTEC Level 3 Diploma in Pharmaceutical Science course which will enable dispensers to competently answer routine clinical queries, make more effective contribution to the DRUM and engage in clinical discussions with other healthcare professionals from the wider team.

There should be evidence of annual appraisals and ongoing training. The Dispensing Doctors' Association offers a variety of training modules, as do Buttercups, and training is available from other companies such as Actavis and PSUK, some of which are free of charge. Delivery may be online, in workshops or as seminars.

Dispensing GP practices offer a valuable additional service to patients and should be protected. Politically they are frequently under attack from government and pharmacy but they are acknowledged as providing a vital healthcare service in rural areas, and thus, their position should be supported. By recruiting good quality staff, and providing adequate and continuing training, and transparent governance procedures, practices will be able to offer 'added value' to their dispensary services, and in the process help to deflect criticism and protect the place of dispensing GP practices in the primary healthcare environment.

**Staff costs**

Staff training and any pay increments offered as a result of successfully implemented training should always be seen as an investment rather than a cost. While staff will represent your biggest cost area, practices should bear in mind that pay and professional development are crucial to staff retention, and that staff retention is always more cost effective than continual recruitment cycles.

In addition, competent and long-serving staff are crucial to maximising dispensary efficiencies and they will be instrumental in achieving excellence in patient care. There is no set wage for dispensary staff, and salary costs will depend on the local labour market (availability and mobility), practice opening hours and additional areas of job responsibility.
Pay tends to be higher in the north of England than in the more populous South.

Pharmacy staff salaries are surveyed annually by pharmacy magazine C&D. This shows 2013 pharmacy dispenser salaries to range between £12,499-£18,749.

Trade press pharmacy recruitment ads and staffing agencies can often provide other useful guidance to dispenser salary levels in your local area.

The DDA offers its members a wealth of information and advice on running an efficient dispensing practice, including providing free template SOPs for GP dispensaries and pharmacies. Please visit the DDA website, www.dispensingdoctor.org, for more information, or contact the office on: office@dispensingdoctor.org or tel: 0330 333 6323.
Understanding Wholesaling

by Dr Philip Koopowitz

Using a wholesaler

For advice on making the best use of a pharmaceutical wholesaler, please read the section: Understanding Clawback.

Being a wholesaler

Why become a wholesaler? A Wholesale Dealer’s Licence (WDL) allows you to wholesale medicinal products to any suitable provider, be they a pharmacy, a dispensing doctor or an agency.

The reason most dispensing doctors acquire a WDL is to enable a hybrid dispensary/pharmacy system to function more easily within their practice. This article deals with the WDL obtained purely for this purpose.

The next question to ask is: which of the two - the dispensary or the pharmacy - should obtain a WDL? There are pros and cons to each, depending on the individual practice’s circumstances, and it is possible for the dispensary to wholesale to the pharmacy, and vice versa.

It is important to ensure that all partners/directors and staff understand that the wholesaler aspect of your activity - regardless of where it is based - is considered a separate business and a separate legal entity with its own legal obligations. This will mean separate sets of SOPs, some of which may be duplications: one for each legal entity.

Becoming a wholesaler

Expect to do a lot of preparation and on-going work to obtain and then maintain your WDL: you will need to nominate a Responsible Person (RP) to take overall responsibility for the legal aspects of being a wholesaler. The RP does not have to be a pharmacist but should be someone who has had experience in dealing with medications ie, a dispensing doctor.
You will also need to comply with all the requirements of ‘The Orange Guide’, available online at: http://www.mhra.gov.uk/Howweregulate/Medicines/Licensingofmedicines/ManufacturersandWholesaleDealerslicences/index.htm

Some of the areas that will need to be addressed are:

- Maintaining the cold chain
- Ensuring compliance with Controlled Drugs Regulations regarding wholesaling
- Maintaining room temperatures within the wholesale/ dispensary/pharmacy environment
- Recording of room and fridge temperatures
- Recording of sales and maintaining an audit trail of stock

**Inspections**

The MHRA will inspect its wholesalers, and the inspection will be the same, whether you are a dispensing doctor WDL holder or a national full-line wholesaler such as AAH, Alliance Healthcare or Phoenix.

**Application**

To apply for a WDL, visit: http://www.mhra.gov.uk/Howweregulate/Medicines/Licensingofmedicines/ManufacturersandWholesaleDealerslicences/index.htm
In 2014, the application to become a wholesaler costs £3739 and the inspection for renewal of the licence costs £1936. The MHRA website has full details of how to apply and the fee structure.

The DDA offers its members a wealth of advice on using and being a wholesaler. Please visit the DDA website, www.dispensingdoctor.org, for more information, or contact the office on: office@dispensingdoctor.org or tel: 0330 333 6323.
GP dispensing is governed by the various NHS pharmaceutical services (control of entry) regulations. Please see the links at the bottom of the section for the relevant legislation.

**In summary the regulations enable:**

In **England and Wales**: Dispensing practices to dispense for rural patients who live more than 1.6km (one mile) from the nearest pharmacy.

In **Scotland**: A GP, at the request of the Health Board, to dispense medicines to patients if there are inadequate pharmacy services available. The ‘one-mile rule’ does not apply in Scotland and the need for the practice to dispense hinges on the absence of a pharmacy or inadequacy of pharmaceutical services.

Data published by the DDA shows that throughout Great Britain dispensing practice numbers are in decline.

In 2014 in Scotland, there were 104 dispensing practices in operation, a decline of 10% on 2012.

**Regulatory changes**

**Scotland**: Prior to 2014, pharmacy application decisions could not recognise any impact upon GMS service nor did they recognise the often loudly stated preferences of the public. The vulnerability of dispensing practice in Scotland has been recognised and in 2014 an update to the regulations introduced ‘controlled’ localities as well as a prejudice test designed to protect the provision of primary medical services in rural areas.

**Wales**: In 2014 the Welsh Government also announced a review of its control of entry, proposing to base pharmacy applications on pharmaceutical needs assessment, mirroring the system in operation in England since 2013.
Winding down

When a pharmacy application is granted, the GP practice must cease dispensing to the area designated by the pharmacy as its neighbourhood. The practice will often, but not necessarily, be given a period of grace during which the practice winds down its services (known as gradualisation).

What can you do to protect yourself?

- Do nothing. This is not to be recommended if your practice is in a location of population growth and therefore, is vulnerable to a ‘predatory’ pharmacy application.
- Stay small. The most secure GP dispensing practices will demonstrate small dispensing volumes that are unattractive to a retail pharmacy. A dispensing population of 4,000 is often quoted as the figure at which a pharmacy becomes viable, but with declining profitability that figure may be moving to the ‘low side’. However, even small dispensing volumes may not protect a dispensing practice from a pharmacy application; pharmacy viability is a commercial decision and in a larger operation smaller branches may be supported by operational subsidies.
- Open your own pharmacy. This will keep dispensing income within your control. However, there are many factors to consider when deciding to apply to open a pharmacy. For more information on the considerations, visit the Integrated Medicines Provider Forum section of DDA Online.
- Collaboration with an existing pharmacy. Like any commercial or partnership venture, expert legal and accountancy advice will be needed before proceeding.

Further Information

Regulations
The DDA Integrated Medicines Provider Forum
Both online at: www.dispensingdoctor.org

The DDA offers its members a wealth of information and advice on maintaining a thriving dispensing practice.

Please visit the DDA website, www.dispensingdoctor.org, for more information.
Free DDA membership until the end of 2014 is just one of the many good reasons to join the Dispensing Doctors' Association now.

The Dispensing Doctors’ Association is the only organisation to specifically represent the interests of dispensing doctors and their patients.

DDA Membership entitles practices to access the help and support of the DDA Office and of the DDA GP Board Members, all of whom have first-hand experience of dispensing practice.

Membership also entitles practices to access a wealth of free resources; free to members, for example, is this new 2014 Essential Dispensing Guide, priced at £9.99 to non-members, which is designed to give basic but vital information for new (and not-so-new) dispensing practices.

Other free benefits of membership include dispensing and practice resources and guidance, including free downloadable template Standard Operating Procedures, and free DSQS support resources, free dispensary training materials and lobbying resources, free staff job descriptions, and CD Registers.

Membership also gives members exclusive access to purchase and reimbursement price analysis, as well as the daily news and urgent email broadcast services available on the newly relaunched DDA website, www.dispensingdoctor.org.

Members can also take advantage of the annual DDA Conference, including exclusive member-only content. In 2015, this will take place on October 21-22 alongside the Best Practice Show at the NEC Birmingham.

To contact the DDA office:
Tel: 0330 333 6323
Email: office@dispensingdoctor.org
Web: www.dispensingdoctor.org

The DDA is here to serve you:
WE INFORM
WE ADVISE
WE EDUCATE
WE REPRESENT

So, don’t delay, sign up today!