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Practice Matters

February 2018

DDA Update



So another New Year begins, complete with an NHS crisis, cancelled routine surgery, overflowing A&E units, queues of ambulances and 'flu to add to our woes. Wouldn't it be great if we didn't have to worry about some of these problems in future? Sadly, I don't see any prospect of things getting significantly better for some time. At the time of writing, we are seeing almost daily calls for a Royal Commission on the NHS and a number of senior MPs calling for National Insurance to be given over entirely to NHS and social care funding. Sir Simon Stevens, the Head of NHS England, has also made a bold statement about the need for extra funding, with reference to the Leave campaign's now infamous slogan about more money for the NHS, during the EU referendum campaign. Indeed, the Foreign Secretary also alluded to it at a Cabinet meeting, at the time of writing.

I don't think we need a Royal Commission. We all know what the NHS needs and that is more money. The percentage increases in funding since 2010 have been significantly lower than at any time since the NHS was created. You don't need to be one of the 'great and good' to work that out! The last Government put a penny on National Insurance, specifically for the NHS which has gone down in history as one of the few popular tax rises. Funnily enough all of the winter

crisis, nurse and doctor shortages disappeared shortly after that. I think the public would again be receptive to such a policy.

At least there have been a number of schemes launched, with associated funding, which mark a realisation that General Practice is in a parlous state in some parts of the country. However, I have serious doubts that new services offering a consultation with a GP over a smart 'phone app are the necessary 'silver bullet.' I live in Greater London and regularly communicate with family in another big city over FaceTime. The number of times that we lose the picture and/or the sound, or experience other technical problems, does not inspire confidence that patients could have a successful consultation with a GP over such an app. Not as well reported is the information that, should you need to see the GP in person under this scheme, you have to wait two days and you forfeit your right to go to the local surgery you were previously registered with.

NHS England, being a very urban-centric organisation, is implementing the smart 'phone app in central London. Good luck to the affected patients! Can you imagine trying to implement this solution in your community?! I think what most people want is to see a GP face-to-face.

For all your practice requirements



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 Company Registration Number: 4023414

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We know that in rural communities, practices are often at the heart of the community. Please make sure that you tell this to your MPs and the local councillors, many of whom will be up for election next May. Invite the candidates to your surgery and show them how great the service you provide is. The local press love a good picture, so invite them along too.

It would appear as though it is not just GPs who are finding times tough. You may have read that Lloyds are go close 190 of their pharmacies. Are any of the affected ones in your area? If so, you might be able to gain additional dispensing patients. Where a pharmacy closes, the affected patients might become eligible under the regulations for you to dispense to them. If you believe that this is the case, please contact the DDA and we will help you.

Alternatively, if there is the scope for a viable pharmacy it might be prudent for you to apply to open one yourself. You will need to check the Pharmaceutical Needs Assessment (PNA) which is published by your local Health and Wellbeing Board. Again, the DDA can advise you.

Remember, the DDA is like an insurance policy: you never know when you are going to needs us! It could be for that technical dispensary question, your CQC

inspection or whether you should/can merge with the neighbouring practice.

Did you make any New Year's resolutions? Perhaps I could suggest a few which should be year round:

Make sure that a GP partner is involved in the management of the dispensary - it's their business after all and the dispensary is even more important to the business now than it has ever been.

Focus on making sure that the dispensary staff are as trained and qualified as possible, not to mention maintaining their training records by utilising accredited courses - the DDA has a suite of online educational modules, which we are constantly updating, in addition to adding new ones. Don't forget too that Forte offers you training.

Please check your local Pharmaceutical Needs Assessment (PNA) produced by the Health and Wellbeing Board. Is there 'unmet need' for your area? If so, you could see a pharmacy application appearing, especially for 'unforeseen benefits'. You could put in your own application. Think about the future of your business and don't be caught on the hop. Remember, if a pharmacy applies to open and is granted permission, you could lose some, or all, or your dispensing patients.

By Matthew Isom, Chief Executive
Dispensing Doctors' Association Limited

Contacting Customer Service by email

Email Address	When do customers use it?
customerservice@alliance-healthcare.co.uk	Retail orders or general enquiries
CSMissingGoodsClaims@alliance-healthcare.co.uk	Any customer claims (Old or New)
CSHospitals@alliance-healthcare.co.uk	Hospital orders or enquiries

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Manufacturer Update

Neoceuticals

We are pleased to announce that Neoceuticals is now available from 1 March 2017. For your convenience, please refer to the table attached for details of the products. MDS sign up form is required to gain access to the scheme.

If you require any further information please contact Forte Pharma on 0370 2418717 Opt #2

Pip Code	Product Description	Basic NHS Price	% Discount	Nett Price	Nett Savings
Fine Pen Needles					
4048138	Neomag Tablets 97.2mg (Magnesium Glycerophosphate)	£22.77	5%	£21.63	£1.14
3428497	DextroGel 25g (3) (Dextrose Glucose Oral Gel)	£4.30	5%	£4.08	£0.22
3549045	DextroGel 80g (1) (Dextrose Glucose Oral Gel)	£4.30	5%	£4.08	£0.22

Abbott Nutritional

We are pleased to announce that Abbott Nutritional has added new products to their current scheme. See below table for details. For further information please contact directly to the manufacturer. shaun.newman@abbott.com

Supplier	PIP Code	Product Description	Alliance
Abbott Nutritional	4049557	PAEDIASURE COMPACT 500ML BANANA	Manufacturer calculates discount
Abbott Nutritional	4049540	PAEDIASURE COMPACT 500ML STRAWBERRY	Manufacturer calculates discount
Abbott Nutritional	4049532	PAEDIASURE COMPACT 500ML VANILLA	Manufacturer calculates discount

Login to your online services

Your Documents

Total freedom to view copies of your invoices and credit notes for the last six months, with the benefit of viewing statements up to two days before you receive a paper copy in the post.

Your documents gives you fast and easy access to your accounts online.

<https://yourdocuments.alliance-healthcare.co.uk/>

- ◇ Convenient—24/7 access to your statements, invoices and credit notes anywhere you have access to the internet.
- ◇ Fast—download your statements right from the home page, your statements are available the minute you log in to the site.
- ◇ Improve search—we've simplified searching
- ◇ Paper-free—reduce clutter by sorting bank statements on your computer as PDF.
- ◇ Secure—our site uses industry standard encryption

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Falsified Medicine (FMD) – Time is ticking!



The FMD is an anti-counterfeit measure, which as it stands currently, will have significant cost and workload implications for dispensaries, as well as for non-dispensing practices who supply medicines via PA prescriptions. This will undoubtedly become a major challenge and potential cost for all dispensing practices. As dispensary Managers we have received very little information on managing the practical implications of the Falsified Medicines Directive (FMD) which is due for implementation in the UK by February 2019. The clock is definitely ticking.

The Dispensing Doctor Association (DDA) has joined pharmacists in the fight to see more support for dispensers faced with managing the practical implications of the Falsified Medicines Directive (FMD). The DDA chairman, Dr Richard West, said:

“Dispensing doctor practices have seen no evidence of any preparedness by the GP IT system suppliers, NHS Digital, or NHS England for the implementation of the FMD. There is no question that implementation will be workload intensive and require significant changes in working practices within dispensaries. Given the current financial constraints in general practice, there is no way that dispensing practices can afford the costs associated with either the workload, or the acquisition of compliant IT systems, for the FMD.”

The National Medicines Verification Organisation - NMVO (UK) was established in July 2016 is now known as SecurMed UK. SecurMed UK is the organisation charged with developing the UK FMD database against which medicines will be verified. This organisation includes manufacturers, wholesalers and pharmacies

representatives.

SecurMed has signed a Letter of Intent to appoint Arvato Systems GmbH as the **Blueprint Service Provider** to set up and run the **National Medicines Verification System (NMVS)** for the UK. All pharmacies, wholesalers, hospitals, and GP surgeries will have to connect to this in order to verify, authenticate and decommission the unique identifiers on packs of medicines, once FMD starts. I would like to think we will receive more information regarding this in the very near future

There is much work still to be done to ensure Dispensing Doctors are ready. This includes:

- Updating IT systems and associated hardware
- Connecting dispensaries to the verification system (“registration/on-boarding”)
- Revising workflows and standard operating procedures
- Training staff
- Providing patient information

The UK [FMD Source](#) gives general pointers to the additional processes that will need to be implemented in dispensaries by the February 2019 FMD deadline. These include the following potential changes to SOPs:

- Extra assembly processes to include FMD authentication and decommissioning (dispensing)
- Processes to deal with any unexpected results (such as product recalls)
- Processes to manage (create and decommission) “aggregated codes”. An aggregated code associates multiple products’ unique identifiers/ barcodes with a single code; when created, this will manage all individual products’ barcodes in one action.

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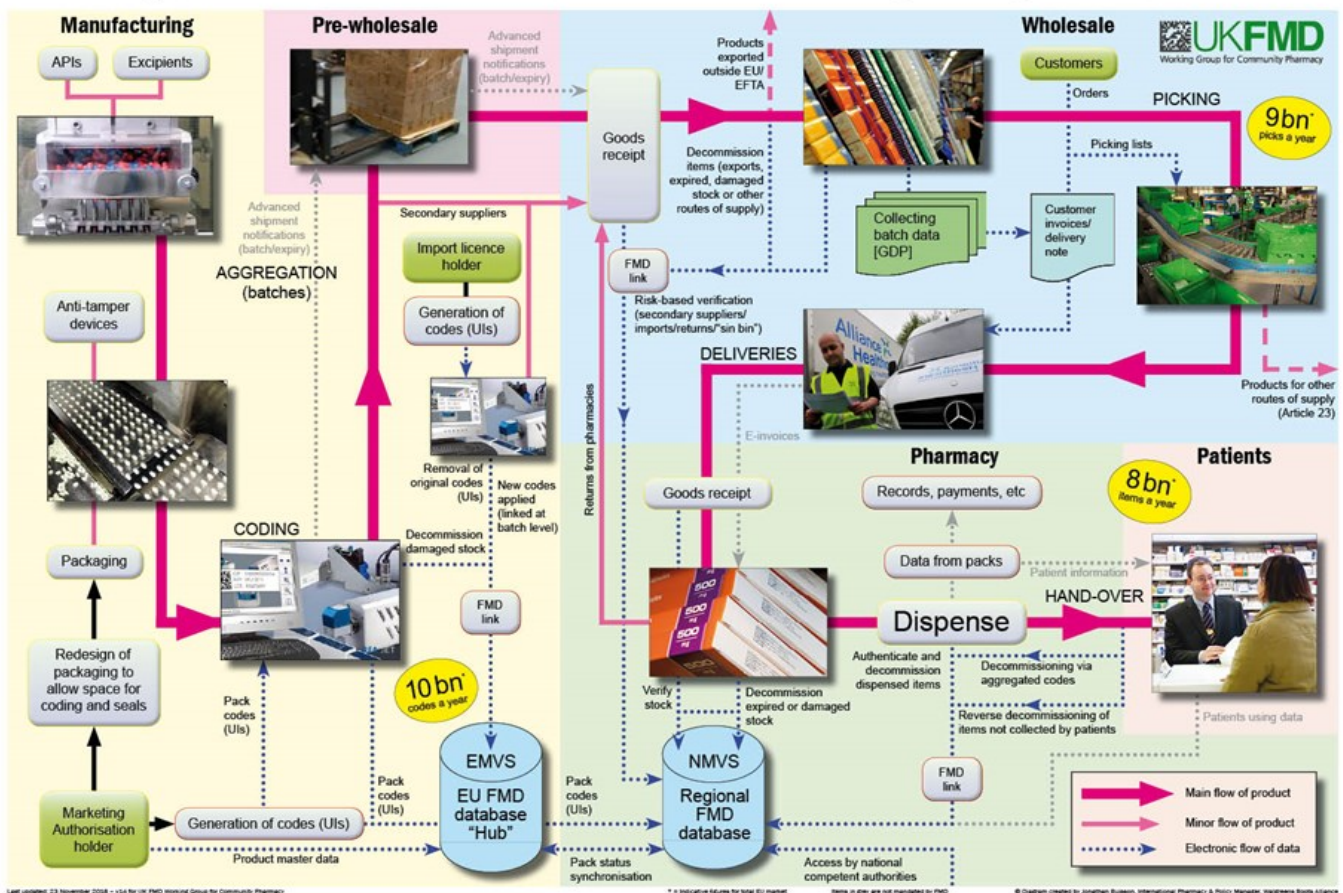
Falsified Medicine (FMD) – Time is ticking!

Processes to reverse products that are decommissioned but not collected - Reconstitution: Dispensing staff may need to explain to the patient why the anti-tamper device (seal) is not intact.

Processes to manage special forms of dispensing, eg monitored dosage systems and other compliance aids, split packs and reconstitution. Under FMD, wholesalers have an obligation to verify all relevant medicines returned to them. Wholesalers will - MDS: It is expected that authentication and decommissioning will need to take place at the start of “active” status before accepting them back into stock. The DDA is calling for urgent action to resolve dispensers concerns as we approach the count down to the go live date .

- Split packs: FMD authentication must take place when the pack is first used - no further re-authentication is required for the remainder of a pack

European Falsified Medicines Directive (2011/62/EU) and Delegated Regulation (2016/161)



Above is a diagram showing how products and date will move through the supply chain and how this will interact with FMD

A useful [jargon buster](http://www.fmdsource.co.uk/) can be found - <http://www.fmdsource.co.uk/>

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Change to Fentanyl MDS Schemes

How are you writing your prescriptions for Fentanyl Patches?
 How can you reduce your NHS cost and increase profitability?
 See cost & profit examples if written by products listed below

Fentanyl Strength	Drug Tariff Price	Fencino Trade Price	DD Rebate 0%	Matrifen Trade price	DD Rebate 0%	Opiodur Trade Price	DD Rebate 20%*
12mcg	£12.59	£8.46	£0.00	£7.52	£0.00	£7.14	£1.43
25mcg	£17.99	£12.10	£0.00	£10.76	£0.00	£10.22	£2.04
50mcg	£33.66	£22.62	£0.00	£20.12	£0.00	£19.11	£3.82
75mcg	£46.99	£31.54	£0.00	£28.06	£0.00	£26.66	£5.33
100mcg	£57.86	£38.88	£0.00	£34.57	£0.00	£32.84	£6.57

Fentanyl patch comparison including discounts available on MDS via Alliance Healthcare

*BSA Rx data applies

To ensure you benefit from the most cost effective NHS list price and benefit
 Change your prescribing & pip codes to Opiodur

Pip Code	Product Description	NHS Price
680-1963	Opiodur 12mcg TM (Fentanyl Patch x 5)	£7.14
680-2136	Opiodur 25mcg TM (Fentanyl Patch x 5)	£10.22
680-1997	Opiodur 50 mcg TM (Fentanyl Patch x 5)	£19.11
680-2185	Opiodur 75 mcg TM (Fentanyl Patch x 5)	£26.66
680-2011	Opiodur 100 mcg TM (Fentanyl Patch x 5)	£32.84

For more information and MDS sign up details, please contact Sam on **0370 241 8717 Opt #2**
 or contact your local **Forte Group** BDM.

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