

**W**elcome to our new look Forte Your Practice Matters Bulletin, where members can continue to receive the quality information provided by the Forte team and partner contributors, to provide members with insightful news, views and opinions from the industry, plus useful information from our business, in one easy-to-read place. Our members told us they find the information in our bulletin invaluable in managing your dispensary, and offer the best care to your communities. It's important we continue to assist you in the best way possible, which is why we are delighted to share with you our new and improved bulletin. You will notice some positive changes; firstly is the look and feel of the bulletin itself, we are sure you will enjoy the new look and find this much easier to read and digest. Secondly, the timings, Your Practice Matters Bulletin will now be sent to you on a quarterly basis, rather than monthly and will be full of the most important stories, articles, and market changes for all things Dispensing Doctor related. Hard copies of your most recent bespoke MDS tracker will be sent to you with Your Practice Matters Bulletin quarterly, and of course you will be able to see electronic copies of this monthly by logging on to your account area at [www.forte.uk.com](http://www.forte.uk.com). Lastly, is how you will receive this bulletin. We recognise that it is important for you to continue to receive print copies directly to your surgery, and we will be providing electronic copies on our website at: [www.forte.uk.com](http://www.forte.uk.com). We hope you enjoy the improvements to Your Practice Matters Bulletin. As always, we value your opinion and welcome your feedback, so please let us know what you like, and what you'd like to see featured in the bulletin going forward. Please email [info@forte.uk.com](mailto:info@forte.uk.com). We look forward to announcing further exciting changes to our members soon.

*The Forte Team*



## DSQS audit ideas

**Writer:** Lucy Jacques, Dispensary Manager, Hastings House Surgery

After just completing DSQS for another year, I thought it would be a good idea to share a couple of audit ideas for your next audit which you could start now. I am most definitely not going to leave it until the last minute.

### 1 – Warfarin Audit

This year I did my audit on Warfarin.

I did a search on all patients taking Warfarin and then a search on all dispensing patient on Warfarin.

We used to ask patients every time they collected their Warfarin if they had had or due a blood test and they if they know their current dose before handing out but this had lapsed. So we started the process again.

The first part of the audit was without notification to patients about what we were doing, we've introduced asking patients for info. We did this over 3 weeks. We had identified several patients who had missed appointments not re-booked or hadn't had an appointment for ages and were usually seen at the hospital. We then advertised in our foyer, FB, website and nurses, informing the patients at their appointment what changes we were putting in place.

The second part of audit after advertising why we were doing it and the importance, patients were happy to show INR books and all patients had either been seen or were due and knew when.

### 2 – Blister pack patients

Have you recently checked your blister pack patients are taking their medication correctly, do they understand how the blister pack works?

You could ask patients to bring old blisters back before handing out new ones, to audit if they are taking medication and understand which medication is which. Do some of your blister pack patients now have carers, would it be better if they weren't blistered? Would it be better if the patient had weekly blisters not monthly as they keep forgetting when to come in?

### 3 – Thyroid audit

Audit all your thyroid patients. Were their last blood test results ok? Could the number of repeats be increased? Could they go onto batch prescriptions?

The DDA also have some great audit ideas if you are stuck. It would be great if we could share our audit ideas. Do you think a Dispensary Managers FB page would be a good idea to share ideas etc?

# DDA update

The dispensing doctor fee scale changed on 1<sup>st</sup> April. The fees have risen by an average of 8.2p (4.15 per cent) per item. This follows the average 9.4p (4.5 per cent) reduction in the dispensing fee for England and Wales, which took effect last October. The budget for the fees is fixed and so there have to be ebbs and flows within it in order to deliver the agreed amount.

Have you have been following the machinations about Facebook and the privacy of the public's information held in its databases? If so, you may also know about the new General Data Protection Regulation (GDPR), which comes into force in the UK from 25 May 2018.

For GPs, the key changes under GDPR are that compliance must be actively demonstrated, and there are significantly increased financial penalties for breaches as well as non-compliance. Under the new legislation it will be necessary to:

- ▶ keep and maintain up-to-date records of the data flows from the practice and the legal basis for these flows; and
- ▶ have data protection policies and procedures in place.
- ▶ improve information in 'privacy notices' for patients.
- ▶ report certain data breaches.
- ▶ remove charges for patients for access to medical records (save in exceptional circumstances).
- ▶ put in place a designated data protection officer.

The DDA understands that compliance with the GDPR is

at practice-level, and that dispensing GPs do not have to make special provisions for the dispensary.

As such, we have not produced bespoke guidance. This is because the BMA has published interim guidance to help GPs comply. The guidance explains GP data controllers' responsibilities under the GDPR, and sets out the main themes of the legislation and what needs to be done to ensure compliance. However, it notes that this interim guidance is subject to change when the Data Protection Act 2018 comes into force and may be updated. You can access the BMA guidance at:

[www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/gps-as-data-controllers](http://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/gps-as-data-controllers)

Other resources, which dispensaries may find helpful, include:

- ▶ PSNC guidance documents to assist community pharmacy contractors in GDPR compliance  
[psnc.org.uk/our-news/psnc-publishes-gdpr-guidance-for-community-pharmacies/](http://psnc.org.uk/our-news/psnc-publishes-gdpr-guidance-for-community-pharmacies/)
- ▶ NHS Business Services Authority patient data privacy information poster  
[www.nhsbsa.nhs.uk/help-your-patients-understand-how-their-prescription-information-used-and-protected](http://www.nhsbsa.nhs.uk/help-your-patients-understand-how-their-prescription-information-used-and-protected)

There has been a bit in the news lately about dispensing errors, following a report for the Secretary of State for Health and Social Care in England.

## It's new research and the report says that:

'GPs, pharmacists, hospitals and care homes may be making 237 million errors a year - the equivalent of one mistake made for every five drugs handed out.'

It goes on to say that 'most caused no problems, but in more than a quarter of cases the mistakes could have caused harm... drug errors could be a factor in more than 22,000 deaths a year.'

If you read it carefully, it says 'may be making' errors. 'Most caused *no problems*'. 'Mistakes *could* have caused harm'. 'Drug errors *could be* a factor'.

In fairness, the researchers from Manchester, Sheffield and York Universities distance themselves from firm conclusions because they say:

'...there is limited data in this area... the figures are very much 'best estimates'... based on previous research, some of it going back years.'

So, we have limited, old data, re-interpreted to create guesses and extrapolations about something that might be happening now... or not.

I don't recall that being made clear in any of the reporting, or by the Secretary of State himself!

The DDA does not have data on dispensing errors, either but it was interesting to note that dispensing doctors are not referred to anywhere in the report.

A great deal of attention focused on the fact that 'a fifth of mistakes relate to hospital care,' hence the Jeremy Hunt is talking about 'hospital solutions' such as electronic prescribing, decriminalising errors and better packaging.

He is looking in the wrong place because the majority (4/5ths) of mistakes take place elsewhere, making the hospital the least dangerous place.

The research estimates that 71% of the 270m annual drug 'errors' occur when patients see a GP or practice nurse. Of course, there is already electronic prescribing now in most GP practices except for dispensing practices, so I think it is high time that Mr Hunt put his hand in his pocket and paid for EPS for dispensing practices!





## Abbott Nutrition

With effect from 1st March 2018, Abbott Nutrition have decided to implement a Two Wholesaler Model using AAH and Alliance Healthcare as their distribution partners.

Abbott's nutrition products will no longer be supplied through Phoenix Healthcare Distribution Limited, which means as you are currently signed up to the Abbott Nutrition dispensing scheme, your purchases and any accrued discount will need to be made through AAH and/or Alliance Healthcare, if you are not already doing so.

Please note that this change will only affect Abbott Nutritional products.

Please feel free to contact Shaun Newman, Dispensing Doctor Business Manager on 07879 435007 via e-mail [shaun.newman@abbott.com](mailto:shaun.newman@abbott.com) if you have any questions

## Concordia – Lutrate

We are pleased to inform that Concordia has reduced the price for all DDs & NDDs for Lutrate. A price has been set up for 50% off on both strengths. For your convenience please refer to the table attached for details of the products.

Pip	Description	Price
3995941	LUTRATE/LEUPRORELIN INJ 22.5MG	95.93
3995933	LUTRATE/LEUPRORELIN INJ 3.75MG	31.98

Previously you had to sign up with Concordia to receive any additional discount but customers can now order as normal and receive a discount.

## Mylan (BGP & Meda Products Changes to the Manufacturers Discount Scheme with effect from 1st January 2018)

Following the integration of BGP and Meda products into the Mylan portfolio, revisions have been made to the MDS offering for dispensing doctors.

To simplify the offering, an increased level of discount will be offered across a range of branded products in Mylan's focused therapeutic areas of GI, HRT and Respiratory. Details and conditions are described in the attached tables.

Discount will cease to be applied to any other lines within the range, specifically these **BGP** lines:

**Brufen (Ibuprofen) Granules 600mg x 20**  
**Brufen (Ibuprofen) Syrup 20mg x 500ml**  
**Brufen (Ibuprofen) Tablet ER 800mg x 56**  
**Brufen (Ibuprofen) Tablet IR 400mg x 60**  
**Brufen (Ibuprofen) Tablet IR 600mg x 60**  
**Colofac (Mebeverine) Tablet IR 135mg x 100**  
**Colofac (Mebeverine) Tablet IR 135mg x 15**  
**Klaricid (Clarithromycin) INF DRY 500mg x 1**  
**Klaricid (Clarithromycin) Sachets 250mg x 14**  
**Klaricid (Clarithromycin) Suspension 125mg/5ml x 1 x 100ml**  
**Klaricid (Clarithromycin) Suspension 125mg/5ml x 1 x 70ml**  
**Klaricid (Clarithromycin) Suspension 250mg/5ml x 1 x 70ml**  
**Klaricid (Clarithromycin) Suspension 250mg/5ml x 20 x 70ml**

**Klaricid (Clarithromycin) Tablet ER 500mg x 14**  
**Klaricid (Clarithromycin) 125mg/5ml 20X100ML**  
**Klaricid (Clarithromycin) Tablet ER 500mg x 7**  
**Omacor (Omega 3) Capsule IR 460/380mg x 100**  
**Omacor (Omega 3) Capsule IR 460/380mg x 28**  
**Physiotens (Moxonidine) Tablet IR 0,2mg x 28**  
**Physiotens (Moxonidine) Tablet IR 0,3mg x 28**  
**Physiotens (Moxonidine) Tablet IR 0,4mg x 28**  
**Serc (Betahistine) Tablet IR 16mg x 84**  
**Serc (Betahistine) Tablet IR 8mg x 120**  
**Supralip (Fenofibrate) Tablet IR 160mg 28**  
**Teveten (Eprosartan) Tablet IR 300mg x 28**  
**Teveten (Eprosartan) Tablet IR 600mg x 28**

Discount will cease to be applied to any other lines within the range, specifically these **Meda** lines:

Cyklokapron (Tranexamic Acid) Tablet IR 500mg x 60  
 Kalcipos (Calcium) Tablet IR x 30  
 Macrogol (Molaxole) sachets x 20  
 Macrogol (Molaxole) sachets x 30  
 Minocycline Tablet IR 100mg x 28  
 Minocycline Tablet IR 50mg x 28  
 Zamadol (Tramadol) Capsule IR 100mg x 60  
 Zamadol (Tramadol) Capsule IR 150mg x 60  
 Zamadol (Tramadol) Capsule IR 200mg x 60

Zamadol (Tramadol) Capsule IR 50mg x 100  
 Zamadol (Tramadol) Capsule IR 50mg x 60  
 Zamadol (Tramadol) Tablet IR 150mg x 28  
 Zamadol (Tramadol) Tablet IR 200mg x 28  
 Zamadol (Tramadol) Tablet IR 300mg x 28  
 Zamadol (Tramadol) Tablet IR 400mg x 28  
 Zamadol (Tramadol) Tablet IR 50mg x 60  
 Zamadol (Tramadol) Vials 100mg x 5

Changes will be applied automatically. Terms remain unchanged.

Note: Existing members of BGP & Meda will be included on the new scheme.

New sign ups – Please contact your local Mylan Business Manager, or our Head Office directly on **01707 853000**.



## MDS changes

Manufacturer	Product Description
<b>Prostrakan</b>	<b>Prostrakan</b> products has been divested to <b>Kyowa Kirin</b> and will continue on MDS scheme. Existing members have been included on the Kyowa scheme.
<b>Nicox</b>	<b>Nicox</b> products has been divested to <b>Visufarma</b> and will continue on MDS scheme. Existing members have been included on the Visufarma scheme.
<b>Activa</b>	<b>Activa</b> products has been divested to <b>L &amp; R Medical</b> and will continue on MDS scheme. Existing members have been included on the L & R Medical scheme.
<b>Altimed</b>	<b>Altimed</b> products has been divested to <b>Urgo</b> and will continue on MDS scheme. See attached MDS Pips on Scheme. Existing members have been included on the Urgo scheme.
<b>Synergy</b>	<b>Synergy</b> products has been divested to <b>Venacare</b> and will continue on MDS scheme. Existing members have been included on the Venacare scheme.
<b>Reckitt Benckiser</b>	<b>Reckitt Benckiser</b> products has been divested to <b>Forum</b> and will continue on MDS scheme. Existing members have been included on the Forum scheme.

We are pleased to announce that Manufacturer Discount Scheme for Lundbeck Brintellix and L & R (previously Activa) is now automatically sign up.



## Open Surgery Workshops - Dates and locations

ForTE annual Open Surgery Workshop sessions are back in 3 locations for 2018. Please see below dates, locations and venues.

Don't miss out this exciting opportunity to participate and benefit from our vibrant discussions with Dr Richard West and meet with leading suppliers and manufacturers in our exhibition.

Please contact us to book your **FREE** place: **Email:** [info@forte.uk.com](mailto:info@forte.uk.com) **Phone:** 0370 2418717 ext: #3

Month	Confirmed Dates	Regions 2018	Speaker	Open Surgery Workshop	Chair	Confirmed Venues
May	24/05/2018	Warwick (WS)	Dr Richard West	Future challenges and opportunities for Dispensing Doctors	David Wood	Glebe Hotel, Warwick CV35 8BS
June	05/06/2018	Essex (CM)	Dr Richard West	Future challenges and opportunities for Dispensing Doctors	Ryan Newell	Pontlands Park Hotel, West Hanningfield Road, Gt. Baddow, Chelmsford, Essex, CM2 8HR
July	05/07/2018	Kent(TN)	Dr Richard West	Future challenges and opportunities for Dispensing Doctors	Sam Strong	Mercure Maidstone Great Danes Hotel. Ashford Rd, Maidstone ME17 1RE