

Welcome to our spring edition of Forte Your Practice Matters Bulletin

Welcome to the latest edition of the Forte Bulletin. Spring is finally here and touch wood the weather will improve soon with some sunshine appearing to give us all a much-needed Vitamin D boost! Hopefully the winter season wasn't too hectic and that life at your surgery is somewhat calmer now with brighter days on the horizon.

As ever we have a jam-packed issue to keep you abreast of all things Forte and Alliance Healthcare. You may remember that in the last issue, Andrew Carmichael discussed the importance of management accounts in dispensing practice (part 1), he's back again in this edition with part 2 - this time drilling a bit further into these and focusing on your income.

We also have our regular Meet the Team feature, this time it's Jo Aspinall, Business Development Manager for the North of England.

There is also an interesting piece from Ailsa Colquhoun, DDA communications officer, on the

growing debate about the future of the health service and whether fundamental reform is needed with this year being the one in which the NHS celebrates its 75th anniversary.

You should have already heard, but back in January, our parent company AmerisourceBergen and Alliance Healthcare announced our intent to change name to Cencora and unite under a new, shared company name and brand. You can read more on this exciting news on page 7.

As ever, our team of Business Development Managers (BDMs) continue to be on hand to support you either in person or virtually via Microsoft Teams or FaceTime. Please just reach out to them and they can arrange what works best for you.

All that remains to say is stay safe and well, and we will catch up again with you in a few months time.

The Forte Team

Follow us on

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Alliance Healthcare has its very own LinkedIn page where you can find out news on our Forte business as well as what's happening from around Alliance Healthcare.

To follow us, scan the QR code above or visit our page here:

www.linkedin.com/company/alliance-healthcare-unitedkingdom/

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UPDATES AND INSIGHTS

By **Matthew Isom**
Chief Executive, Dispensing
Doctors' Association

It's hard to believe that spring is nearly upon us. I hope that you have managed to survive the winter.

Firstly, some important information. Drug reimbursement claims should always be submitted using the GP prescriber number. The historical 'work-around' enabling these claims to be made against pooled lists is no longer available now that GP payments are administered by PCSE Online.

As of 01 April 2023 the correct GP Prescriber number must be used when submitting prescriptions for reimbursement.

If your practice has previously used a pooled list code to claim drug reimbursement, there may be some historical discrepancies in payments. NHS England, NHS BSA and PCSE are working together to resolve this matter, including undertaking a retrospective reconciliation exercise to ensure the correct payments have or will be made and where required appropriate adjustments will be made. Where an outstanding payment is causing a practice difficulty, NHS England advise that the practice should make their local commissioner aware as it may be possible to provide a potential advance payment, until the matter is resolved. To understand what claims have been submitted and are outstanding, practices should contact nhsbsa.gpsupport@nhs.net where one of the team will be able to provide further clarity.

From now on, please ensure that all claims are submitted using a GP prescriber number and any drug reimbursement claims incorrectly submitted using a pooled list code will no longer be amended by the NHS BSA.

Rural dispensing practices got a mention in the House of Lords on 23 February. Baroness Anne McIntosh, who advises the DDA, secured a debate on rural healthcare. In the debate, Baroness McIntosh pointed out that one-fifth of the population live in remote, rural and coastal communities. This amounts to 9 million people, more than the population of Greater London, yet at present there is a stark disparity in the care and services available.

Undoubtedly, the cost and challenges of delivering healthcare in a rural area are markedly greater than those in urban areas. Baroness McIntosh questioned the extent to which this is reflected in current policy decision-making. For example, is the policy tool of 'rural-proofing' being used by the Department of Health and Social Care (DHSC) and NHS England? There was a very useful report on this by a committee of House of Lords, chaired by Lord Cameron of Dillington, in 2016. Yet there is no evidence that those recommendations have been acted on.

When I have raised 'rural proofing' to officials in the Department of Health and Social Care, I received blank looks and, on one memorable occasion, was told that rural proofing was "a DEFRA (Department of the Environment, Food and Rural Affairs) matter." Last year the All-Party Group on Rural Health and Social Care published a report that has a wealth of recommendations on how to improve the provision of services to patients. It has to be asked: why have the Government failed to act on any of its recommendations?

Given that the Conservative Party represents most of the rural constituencies, this is all the more baffling. Or is it just a case of taking the public for granted? Have you written to your MP? An election is fast approaching, so he/she will want to be seen to be doing their best. In the past, rurality and sparsity of population used to be reflected as criteria in health spending, but that is no longer the case. Many remote, rural, and coastal GP practices are permitted to dispense medicines to their patients for the simple reason that there is no community pharmacy within a reasonable distance. The Department of Health's cost of service (COSI) inquiry from 2010 demonstrated that the income from dispensing cross-subsidises the general practitioner service.

Dispensing practices are under the same cost pressures as their community pharmacy colleagues, buying their medicines in the same marketplace. Despite this, the recent changes to the system of drug reimbursement in pharmacies have not been reflected in the dispensing doctor contract. A recent example was the spike in chickenpox cases, where penicillin was to be issued to all children, but rural practices were not properly reimbursed for the cost. The DDA has lobbied several times for NHS England to redress this.

Readers will be pleased to know that Baroness McIntosh also raised the problems of poor connectivity for both broadband and mobile signals making it very difficult to deliver remote consultations to patients, and other telehealth innovations. In addition to the lack of the Electronic Prescription Service (EPS) for dispensing patients.

Of note is that the opposition Labour health spokeswoman, Baroness Gillian Merron, who used to be MP for Lincoln, also spoke in the House of Lords debate. She too raised the lack of EPS for dispensing practices and echoed many of the arguments made by Baroness McIntosh. Baroness Merron also mentioned that she has been briefed by the DDA.

Following the debate, I have been speaking to officials at NHS England about EPS and, at long last, there does seem to be some recognition that providing the service to dispensing practices is the last piece of the 'jigsaw,' as it was put to me. NHS England is keen to connect hospitals to EPS so that the prescriptions in secondary care can be made available in primary care. Many of the technical problems which currently prevent EPS being made available to dispensing practice exist in secondary care, so we might be on the verge of some positive changes. Given that the people making any decisions about this are the same ones who have just effectively imposed wider GP contract changes on the profession, I have yet to be convinced that they will 'rural proof' any of their decisions. However, please be assured that the DDA continues to argue your case wherever, and whenever, we can.

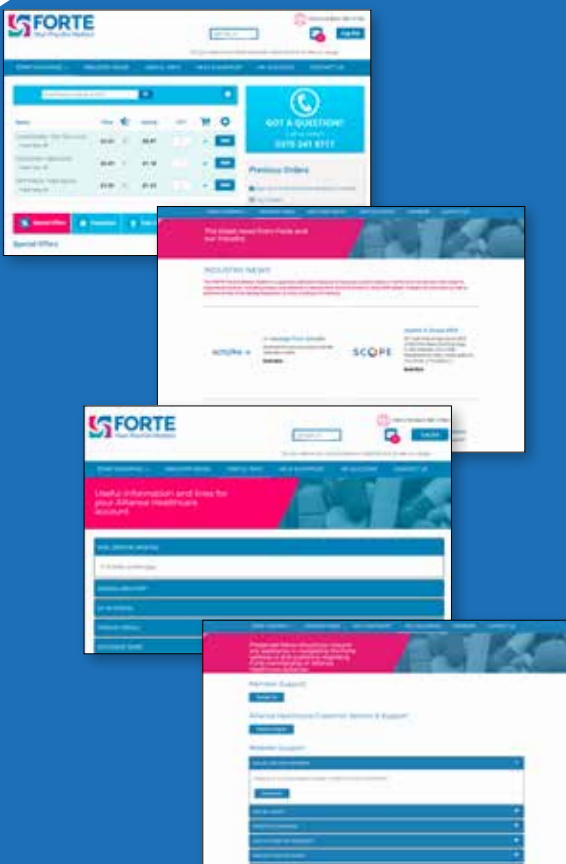
If you have not already done so, please save the dates for next year's conference: Wednesday/Thursday 27/28 September 2023 at the MacDonald Burlington Hotel in central Birmingham. Please keep an eye on our website for information and for booking details.

www.dispensingdoctor.org/conference

WHY JOIN FORTE? All the great things our FREE FORTE website can offer you!

Have you visited FORTE.UK.COM yet?

Our website offers a comprehensive online space for everything you could need to help manage your account when you become a Forte member, offering you **complete transparency** and a **streamlined ordering system**.



Not joined up yet? Here's what you're missing out on!

- ▶ **Simplified Ordering** – flexibility to order via both your Full Line and Short Line accounts at the click of a button
- ▶ **Industry News** – to keep you up-to-date with the ever changing dispensing doctor market including digital copies of our Your Practice Matters Bulletin
- ▶ **Useful Info** – service updates, Medical Directory, statement guides, supply chain arrangements, E-missings and more. Everything you could need to know about your service and supply from Alliance Healthcare
- ▶ **Help and Support** – direct contact with Alliance Healthcare Customer Service, Forte Membership Team and your Business Development Manager

THE IMPORTANCE OF MANAGEMENT ACCOUNTS

PART 2: YOUR DISPENSARY INCOME



By **Alastair Carmichael** - Dispensing Doctor Experts

In the last edition of Your Practice Matters, we wrote about the importance of management accounts and the drop in income experiences by some dispensing practices. This time we are going to drill a bit further into your management accounts and focus on your income.

As most of you know, your remuneration for dispensing is reflected in your statements from PCSE, and over the last couple of years we have analysed dozens of these for practices. The reason they came to us is because the PCSE statement isn't easy to interpret and understand.

Having taught the PCSE statement webinar a few times now, and having taught it in person one to one, online and face to face, it strikes me that this is an area which is still often misunderstood. I still get emails about the payment schedule and there is a lot of confusion about your PCSE statement.

It is important to note that firstly your PCSE statement dated February 2023 refers to the actual items dispensed in December 2022. This is a common mistake that practices make when reconciling income vs expenditure.

It is also vital that you compare the number of items dispensed and paid for by NHS BSA against the number of items you submitted for payment in the correct month. Again, the lag in reporting can lead to a lot of confusion.

You can use your PCSE statement to track trends: for example, are you gradually losing prescriptions to a distance pharmacy for example? You need to keep on top of the figures and understand their implications.

Finally, prescription charges... In England there is still a prescription charge due of £9.35 for each item dispensed to a patient unless they are otherwise exempt. NHS BSA will show you on your PCSE statement exactly how much they have withheld from your payment. Does this figure match the amount of money banked by your surgery? For each item where you get this wrong it costs the practice £9.35. So, 10 per month is £93.50 which equates over £1,000 lost per year and the prescription fee is potentially increasing this April!

To combat this, we are currently offering one-to-one online sessions where we go through your PCSE statement, section by section and pick out the parts you need to focus on. And we do this at a time that suits you.

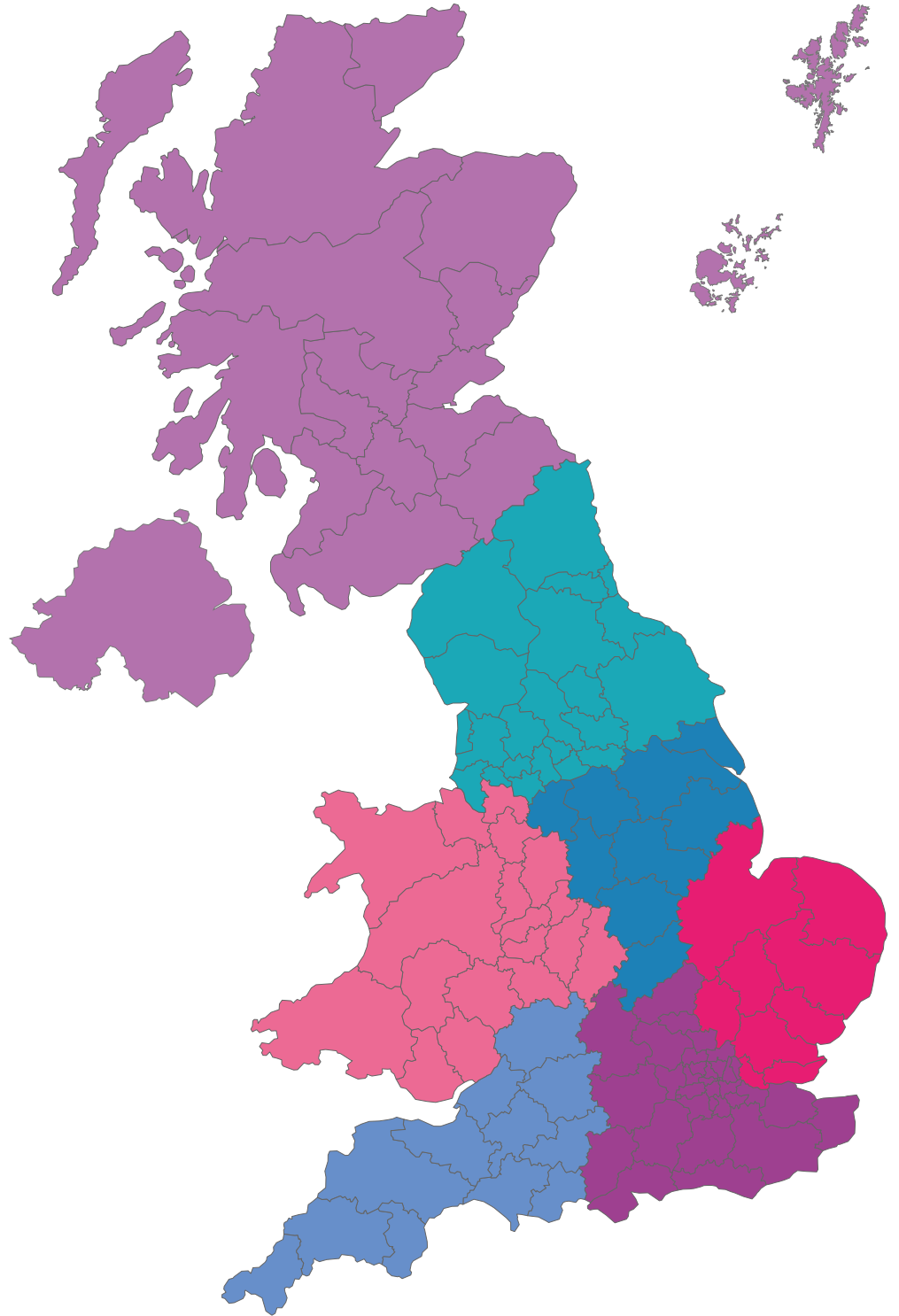
The cost for FORTE members to attend a one-to-one one-hour session is discounted to £140 + VAT for any booking made in March or April 2023 and includes a certificate for your CPD requirements. We can also offer a discounted follow up 30-minute refresher session online to ensure you know exactly what your PCSE statement means and how to read it.

Email contact@dispensingdoctorexerts.co.uk if you would like to book a session

CONTACT US

Streamline your practice's product ordering and save valuable time and money.

Please contact one of our BDMs directly.



Howard Foulkes



Contact Howard on
07891 117210

Ryan Newell



Contact Ryan on
07896 565946

Joanne Aspinall



Contact Joanne on
07887 056232

David Wood



Contact David on
07904 807216

Steve Smith



Contact Steve on
07875 280596

Natalie Roach



Contact Natalie on
07891 117347



MEET THE TEAM

Jo Aspinall

Business Development Manager – North of England

With 11 years' experience at Alliance Healthcare, Jo has seen a lot of changes. She is a valued member of the Forte/Alliance Healthcare team, with knowledge of both pharmacy and dispensing doctor's. We posed her a few questions to see what makes her tick...

What made you choose to work as part of the Forte/Alliance Healthcare Team?

I worked for Cavendish (part of Alliance Healthcare) for eight years, I started in Telesales and worked my way up to Office Manager. The Cavendish Sales Team was relocated to Head Office in Chessington which is a long way from Wigan. This meant unless I wanted to move 260 miles, I needed to consider a new challenge. I wanted to stay with Alliance Healthcare and fortunately they wanted that too. The Forte role looked interesting and something that I could get my teeth into as I like to challenge myself and my brain. I also liked the idea of having a territory in which I could build relationships with my customers whilst helping them.

What does a typical day look like for you?

A day in my life is never typical and no two days are the same. If I have meetings in the field or via MS Teams, I will prepare for these in advance. I address any emails or issues that may have arisen previously or during that day and as they come through. If I am in a particular place for a meeting, I will do my utmost to pop into as many surgeries as I can in that area to touch base and make sure they are okay and have no problems. On a typical day there is always the traffic to contend with which can also be a challenge at times, but we roll with it. All in all, my days are very varied and interesting and keep me on my toes which I really enjoy.

What was your first ever job?

My first ever job was at a hair salon in Wigan, I started there as an apprentice on a YTS Scheme earning £29.50 a week. To this day, I don't know how I managed to live off and run a car with that amount of money, but I did it. I completed the 3-year course and stayed there until they closed the shop down. From there I moved to Irene Worthington Hair which is a big chain in Wigan and from there managed to open my own hair business until my children came along

What do you enjoy most about your job?

I enjoy so much about my job it's hard to really pinpoint a specific thing. I like the fact that I get to see so many lovely parts of the country that I wouldn't see otherwise. Meeting the surgery teams is also a big plus point for me, as I love getting to know people, forming great working relationships, and helping them in their day-to-day roles. I also enjoy being a part of the Forte team as they are such

a great group, we all work well together and support each other which is great.

What would you consider your greatest achievement?

My three boys are my world and everything I do is for them. The fact that I survived unscathed as they grew up and managed to raise well rounded and respectful individuals is an achievement in itself! My 2-year-old granddaughter is also on the list and I am loving the chance to buy Barbies instead of Action Men.

What's the best piece of advice you've ever been given?

Treat everyone the way you would like to be treated and if you can't help anyone never do them any harm! This was said to me at an early age by my grandma and my mum, and something which I have passed on to my children, hopefully they apply this in their day to day lives just as I try to do.

What do you want to be remembered for?

I would like to be remembered as honest, trustworthy, hardworking, loyal, and as a team player.

What is your favourite meal to cook and why?

With three hungry boys that are gym mad I love to make chicken stir-fry's, throwing lots of veg in and putting my own spin on things (usually with what's left in the fridge as they eat me out of house and home).

If you could do anything in the world as your career, what would you do?

When I was little, I always wanted to be a midwife. Saying that, I am really nosey and love to help people so like the idea of being in the police force. I love watching police documentaries on TV and think it would be a really interesting and rewarding career but would probably struggle switching off and leaving the hard days at work and not taking them home with me.

The zombie apocalypse is coming, who are 3 people you want on your team?

1. Tyson Fury. If zombies are coming to eat us, he would be able to fight them off keeping us safe.
2. Channing Tatum. If we were the only 2 people left as the zombies had taken everyone else out, he could keep me entertained with his dance moves and he is nice to look at!
3. Ollie Ollerton, from SAS who dares wins. I think he would be able to keep me going with his motivational speeches whilst we fought off the zombies.

ALLIANCE HEALTHCARE ARE BECOMING CENCORA



In January, our parent company AmerisourceBergen and Alliance Healthcare announced our intent to change our name to Cencora and unite under a new, shared company name and brand.

United in our purpose to create healthier futures

Now is the right time for AmerisourceBergen and Alliance Healthcare to unify under a single name and brand to support our strategy and commitment to creating healthier futures, being a partner of choice, and expanding access to pharmaceutical services worldwide.

This new shared identity will create a more inclusive experience for employees as well as a stronger employer brand to attract talent and increase employee loyalty, retention, and performance.

Cencora will combine all of our shared commitment to pharmaceutical access and innovation with industry-leading solutions and globally competitive capabilities.

Marie Evans, Managing Director, Alliance Healthcare, UK said:

“Since Alliance Healthcare joined AmerisourceBergen, we have been able to expand, evolve, and innovate on each other’s best-in-class expertise and capabilities across the pharmaceutical supply chain. Aligning under a new brand experience will further enable us to build new services, support healthcare advancements around the world, and deliver quality service for customers even more effectively as one, united organisation. Together, our teams are working with a collective determination to create a meaningful impact across healthcare.”

This is a defining milestone in the evolution of both AmerisourceBergen and Alliance Healthcare and a foundational strategy for our future ambitions and growth.

While this change is exciting, it will also take time. **Our name will not actually change until later in 2023.**

What happens next?

Over the coming months, we will work collaboratively across the organisation to begin the rollout and implementation of our new brand. Nothing will change operationally at this time, and you do not need to do anything differently. We will ensure to keep you updated as we embark on this exciting journey.

Keep updated

Click on the QR code here to visit Cencora.com for ongoing updates as we make the transition to Cencora.



MOVING OUT OF THE SHADOW OF BIG BEN



By Ailsa Colquhoun - DDA communications officer

In the year the NHS celebrates its 75th anniversary, there is growing debate on both sides of the political spectrum about the future of the health service and whether fundamental reform is needed.

In a public opinion poll¹ conducted in November last year by the Health Foundation – before the cold snap and the inevitable winter pressures in the NHS – people were ready to criticise the NHS for its inefficiencies: some 53 per cent of those polled by the Health Foundation said they agreed that the health service often wastes money.

With a general election on the horizon, politicians on both sides of the benches have been quick to tout their plans for the NHS – among which has been yet more reform of general practice. For rural patients, this may turn into a case of ‘be careful what you wish for’. Questions about the ongoing validity of the GP partnership model have already been raised, but for dispensing practices, this would mean the end of the dispensing model. As with so many policies, a lack of rural proofing often results in unintended consequences. Some examples:

The Electronic Prescription Service: The EPS has been a feature of prescribing and dispensing in England for 18 years, and in its coming-of-age year, it has been loudly applauded for the savings and efficiencies it has yielded². However, despite the passage of time dispensing practices remain out of scope of the EPS. Over its lifetime, this equates to up to £18 million in efficiency savings.

Clinical services equivalent to those in pharmacies: These have been rolled out in pharmacies to reduce GP workload, to introduce cost efficiencies and to improve patient access to care – yet despite many years of experience, there remain few equivalents for dispensing patients who, by definition, have no ready access to a pharmacy. In a recent debate on this topic in the House of Lords³, Government representative Lord Evans of Rainow was somewhat quiet on the rationale for this rural injustice. No wonder so many people feel the NHS wastes money.

‘Fundamental rethink’ or ‘reform or die’ messages make great headlines in the run up to an election. But those of us who have lived through several previous reforms may feel experience proves the solution lies elsewhere – in well-placed investment that tackles the health needs of all patients, and not just those living in the shadow of Big Ben.



¹ <https://www.health.org.uk/publications/long-reads/public-perceptions-of-the-nhs-a-winter-of-discontent>

² Electronic prescribing comes of age - NHS Digital: <https://digital.nhs.uk/features/electronic-prescribing-comes-of-age?fbclid=IwAR0rZVymiJ4JguPfqHmtydAVmD2-B1VzGhy1X4yNhV0w6CS85yEJUW05LZQ>

³ Healthcare in Rural Areas - Hansard - UK Parliament: https://hansard.parliament.uk/Lords/2023-02-23/debates/3BE00B57-6EBF-4B52-BC41-4696AD6F658A/HealthcareInRuralAreas?fbclid=IwAR1Dlqqz-9qx1wuVNLcUTba6d35lBAKOkvSr7Wo-O-ZtQNmkHvoM_TjZgyE#contribution-8982D370-8D8E-478E-AA66-59AD12CBB7EA

MAY BANK HOLIDAYS OPENING HOURS

Early May Bank Holiday Opening Hours 2023

For Pharmacy/Retail – England and Wales

Date	Working	Cut-off	Delivery
Friday 28th April 2023	Normal Day	Standard	Standard AM and PM deliveries. Standard cut-off for medical deliveries
Saturday 29th April 2023	Normal Day	N/A	Standard AM and PM deliveries. Standard cut-off for medical deliveries
Sunday 30th April 2023	Normal Day	Standard	No deliveries. Emergency call out service only
Monday 1st May 2023	Closed	N/A	No deliveries. Emergency call out service only
Tuesday 2nd May 2023	Normal Day	Standard	AM deliveries of orders placed up to normal cut off on Sunday 30 April 2023. PM delivery as normal

Coronation of King Charles III Bank Holiday Opening Hours 2023

For Pharmacy/Retail – England and Wales

Date	Working	Cut-off	Delivery
Friday 5th May 2023	Normal Day	Standard	Standard AM and PM deliveries. Standard cut-off for medical deliveries
Saturday 6th May 2023	Normal Day	N/A	Standard AM and PM deliveries. Standard cut-off for medical deliveries
Sunday 7th May 2023	Normal Day	Standard	No deliveries. Emergency call out service only
Monday 8th May 2023	Closed	N/A	No deliveries. Emergency call out service only
Tuesday 9th May 2023	Normal Day	Standard	AM deliveries of orders placed up to normal cut off on Sunday 7th May 2023. PM delivery as normal.

Early May Bank Holiday Opening Hours 2023

For Pharmacy/Retail – NWOS

Date	Working	Cut-off	Delivery
Friday 28th April 2023	Normal Day	Standard	Standard next working day delivery
Saturday 29th April 2023	Normal Day	N/A	Standard next working day delivery
Sunday 30th April 2023	Normal Day	Standard	No deliveries
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Coronation of King Charles III Bank Holiday Opening Hours 2023

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MANAGE YOUR MANUFACTURERS DISCOUNT SCHEMES

Do you know all the manufacturers discount schemes (MDS) available to you?

- At Alliance Healthcare, our Forte members have access to **over 70 MDS** with our **900+ products**.
- There are over 25 MDS **only available via Alliance Healthcare**
- Forte members have unique access to specific surgical MDS via our **Dispensing Appliance Contractor** (NWOS)

Do you know what MDS you are signed to?

DO YOU HAVE FULL VISIBILITY OF YOUR PORTFOLIO?

- Sign to your practice's MDS portfolio via Forte's bespoke **MDS tracker**
- You'll see all MDS and discounts available broken down to line level.

Are you confident you are getting all your benefits?

CAN YOU TRACK YOUR REBATES?

- At Forte you get complete visibility of all MDS payments received broken down to manufacturer and product level.



KEEP UP TO DATE WITH CHANGES TO THE MARKET

Do you have access to regular updates?

- Get regular emails notifying you of new Manufacturers Discount Schemes (MDS) when they arrive on the Market
- Access monthly MDS updates and manufacturer communication via our members industry news section
- Receive full updates quarterly - showing movers and shakers with **Your Practice Matters**
- **Your Practice Matters** is a magazine that gets sent quarterly to all of our members. It contains news and updates from Alliance Healthcare

Scan this QR code to see our Industry News page on the Forte website:



See it all at your fingertips on the Forte website: forte.uk.com



MDS available via Alliance Healthcare

MDS only available via Alliance Healthcare	
SUPPLIER	NOTES
Almirall	Aknemycin, Curatoderm Lotion, Ointment, Robaxin & Mintec
Amco	
Aspire	Dyzantil
Boehringer Ingelheim	Spiriva & Spiolto
Eisai	
Eisai Aricept	
Gedeon Richter	
Kora Healthcare	
Leo Pharma	
Lundbeck	
Medical Developments	
Medrx	
Neoceuticals	
Nutricia	
Riemser	
Stirling Anglian	Theical
Takeda	Prostap
Teva	Olatuton & Zacin
Venture Healthcare	
Vernacare	

MDS available via Alliance Healthcare and other wholesalers	
SUPPLIER	NOTES
A Menarini	
A Menarini	
Abbott Diabetes	
Abbott Nutritional	
Abbott Nutritional	
Advancis	
Agamatrix	
Almirall	Remaining Portfolio
Aspire	Remaining Portfolio
Bausch & Lomb	
Bd	
Beiersdorf	

Chiesi	
Cipla	
Clement Clarke	
Clinimed	
Daiichi-Sankyo	
Ethypharm	
Farmigea	
Ferndale	
Flynn	Circadin
Forum	
Galen	
Glenmark	
Karo Pharma	
Kyowa Kirin	
L&R Medical	
Leo Pharma	
Logixx	
Lupin	
Luye Pharma	
Medicom	
Mentholatum	
Neon Dagnostics	
Optimum	
Recordati	
Ridge Pharma	
Roche	
Roche Diabetes	
Scope Ophthalmics	
Stirling Anglian	Remaining Portfolio
Sunvit	
Takeda	Vipidia/Vipdomet
Teva	(Braltus, Duoresp & Qvar & Axasain)
Thea	
Thornton & Ross	
Ucb	
Urgo	
Viatrix	
Visufarma	

For further information please contact your BDM or visit www.forte.uk.com



MDS New

Supplier	Description	PIP Code	Discount	Date
Gedeon Richter	Postinor* P Med Levonorgestrel 1500mcg Tab	4160313	8%	Jan-23
Gedeon Richter	Vagirux	1187194	8%	Jan-23
Lupin	Luforbec Pressurised Inhalation Solution 200mcg/6mcg	4223285	30%	Jan-23
Luye Pharma	Fencino (Fentanyl) 12mg	3649936	25%	Jan-23
Luye Pharma	Fencino (Fentanyl) 25mg	3649977	25%	Jan-23
Luye Pharma	Fencino (Fentanyl) 50mg	3649969	25%	Jan-23
Luye Pharma	Fencino (Fentanyl) 75mg	3649951	25%	Jan-23
Luye Pharma	Fencino (Fentanyl) 100mg	3649944	25%	Jan-23
Medicom	Evolve Revive	4149134	27%	Feb-23
Galen	Clinoptic Ha 0.1% Eye Drops 10ml	4213914	13%	Mar-23
Galen	Clinoptic Ha 0.21% Eye Drops 10ml	4213922	13%	Mar-23
Scope	Bimatoprost 300micrograms/MI Eye Drops Preservative Free	4227344	10%	Mar-23
Scope	Bimatoprost 300micrograms/MI Eye Drops Preservative Free	4227351	10%	Mar-23
Ethypharm	Sertraline 150mg Tablets (30)	8031379	20%	Apr-23
Ethypharm	Sertraline 200mg Tablets (30)	8031361	20%	Apr-23

MDS Amendments

Supplier	Description	PIP Code	Discount	Date
A.Menarini	Ranexa 375	3433703	1-19 packs = 4% 20-50 packs = 6%	Jan-23
A.Menarini	Ranexa 500	3433711	1-19 packs = 6% 20-50 packs = 9%	Jan-23
A.Menarini	Ranexa 750	3433729	1-19 packs = 6% 20-50 packs = 9%	Jan-23
Medicom	Evolve Eyelid Wipes	4047577	35%	Feb-23
Medicom	Evolve Carbomer 980	3999786	10%	Feb-23
Roche Diabetes	Accu-Chek Aviva Bld T/Strip	3171253	8%	Feb-23
Roche Diabetes	Fastclix Lancets	3512795	14%	Feb-23
Leo Pharma	Enstilar Foam 50mcg/G 0.5mg/G	4019568	7%	Feb-23
Leo Pharma	Enstilar Foam 50mcg/G 0.5mg/G	4073151	7%	Feb-23

MANUFACTURER UPDATE



MDS Removal

Supplier	Description	PIP Code	Discount	Date
Dermapharma	Dalonev 120g	4159513	Individual	Dec-23
Dermapharma	Dalonev 30g	4159521	Individual	Dec-23
Dermapharma	Dalonev 60g	4159539	Individual	Dec-23
Dermapharma	Myopridin 100s	4161493	Individual	Dec-23
Dermapharma	Myopridin 20s	4161535	Individual	Dec-23
Dermapharma	Salacutan 50g	4128187	Individual	Dec-23
Alliance Pharma	Hydromol Crm	302299	4-10 Units = 20% 11-15 Units = 25% 16+ Units = 30%	Jan-23
Alliance Pharma	Hydromol Crm	302448	4-10 Units = 20% 11-15 Units = 25% 16+ Units = 30%	Jan-23
Alliance Pharma	Hydromol Crm	302539	4-10 Units = 20% 11-15 Units = 25% 16+ Units = 30%	Jan-23
Alliance Pharma	Hydromol Emollient	3715	4-10 Units = 20% 11-15 Units = 25% 16+ Units = 30%	Jan-23
Alliance Pharma	Hydromol Emollient	95596	4-10 Units = 20% 11-15 Units = 25% 16+ Units = 30%	Jan-23
Alliance Pharma	Hydromol Emollient	3172780	4-10 Units = 20% 11-15 Units = 25% 16+ Units = 30%	Jan-23
Alliance Pharma	Hydromol Intensive 100g	3481637	4-10 Units = 20% 11-15 Units = 25% 16+ Units = 30%	Jan-23
Alliance Pharma	Hydromol Intensive 30g	3484755	4-10 Units = 20% 11-15 Units = 25% 16+ Units = 30%	Jan-23
Alliance Pharma	Hydromol Oint 1kg	3460292	4-10 Units = 20% 11-15 Units = 25% 16+ Units = 30%	Jan-23
Alliance Pharma	Hydromol Ointment	2941391	4-10 Units = 20% 11-15 Units = 25% 16+ Units = 30%	Jan-23
Alliance Pharma	Hydromol Ointment	2941409	4-10 Units = 20% 11-15 Units = 25% 16+ Units = 30%	Jan-23
Alliance Pharma	Hydromol Ointment Tube	4105789	4-10 Units = 20% 11-15 Units = 25% 16+ Units = 30%	Jan-23
Ferndale	Acea Gel 0.75%	2902450	30%	Jan-23
Smith & Nephew	Allevyn Adh Drsg 10x10cm	2909091	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Adh Drsg 12.5cms	2206738	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Adh Drsg 17.5cm	2206746	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Adh Drsg 7.5cmsq	2206720	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Ag Adh 10 Cm Sq	3331147	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Ag Adh 12.5cm Sq	3331154	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Ag Adh 7.5cm Sq	3331352	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Ag Gentle 5cm Sq Sp	3467511	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Ag Gentle Brd 10cm Sq	3467685	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Ag Gentle Brd 12.5cmsq	3467693	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Ag Gentle Brd 17.5cmsq	3467701	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Ag Gentle Brd 7.5cm Sq	3467677	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn G/B Lite M/S 8x8.4cm	3715851	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn G/B Lite Ov15.2x13.1cm	3689890	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn G/Brd Lite 10cmsq	3591682	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn G/Brd Lite 10x20cm	3689874	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn G/Brd Lite 5.5cmx12cm	3591690	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23

MANUFACTURER UPDATE



Supplier	Description	PIP Code	Discount	Date
Smith & Nephew	Allevyn G/Brd Lite 5cm Sq	3591666	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn G/Brd Lite 7.5cmsq	3591674	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn G/Brd Lite Oval8.6x7.7cm	3689882	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn G/Brd M/Site 17.1x17.9	3668597	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn G/Brd Sac 16.8x17.1cm	3647781	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn G/Brd Sac 21.6x23cm	3719911	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Gentle Brd 10cm Sq	3342060	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Gentle Brd 10x20cm	3647765	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Gentle Brd 12.5cm Sq	3342102	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Gentle Brd 15cmsq	3668589	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Gentle Brd 17.5cm Sq	3342045	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Gentle Brd 7.5cm Sq	3342052	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Gentle Brd Heel	3455243	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Heel 66007630	2601714	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Life 10.3cmsq	3739448	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Life 12.9cmsq	3739430	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Life 15.4cmsq	3739380	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Life 21cmsq	3739364	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Smith & Nephew	Allevyn Life Heel 25x25.2 Cm	3829710	0-24 = 0% 25-49 = 15% 50-200 = 20%	Feb-23
Almirall	Solaraze 100g Tube	3509551	1-4 Packs = 10% 5+ Packs = 15%	Mar-23
Almirall	Solaraze Gel 3% W/W	3403953	1-4 Packs = 10% 5+ Packs = 15%	Mar-23
Convatec	Aquacel® Foam Pro 8cm X 8cm	4198420	15%	Apr-23
Convatec	Aquacel® Foam Pro 10cm X 10cm	4198438	15%	Apr-23
Convatec	Aquacel® Foam Pro 15cm X 15cm	4198412	15%	Apr-23
Convatec	Aquacel® Foam Pro Heel 19.8cm X 14cm	4198404	15%	Apr-23
Convatec	Aquacel® Foam Pro Sacral 20cm X 16.9cm	4198446	15%	Apr-23
Convatec	Aquacel® Foam Pro Sacral 24cm X 21.5cm	4198396	15%	Apr-23
Convatec	Convamax™ Superabsorbant Adhesive Dressing 15cm X 15cm	4148615	15%	Apr-23
Convatec	Convamax™ Superabsorbant Adhesive Dressing 20cm X 20cm	4148623	15%	Apr-23
Convatec	Convamax™ Superabsorbant Non Adhesive Dressing 7.5cm X 7.5cm	4148631	15%	Apr-23
Convatec	Convamax™ Superabsorbant Non Adhesive Dressing 10cm X 10cm	4148649	15%	Apr-23
Convatec	Convamax™ Superabsorbant Non Adhesive Dressing 10cm X 20cm	4148680	15%	Apr-23
Convatec	Convamax™ Superabsorbant Non Adhesive Dressing 12.5cm X 12.5cm	4148656	15%	Apr-23
Convatec	Convamax™ Superabsorbant Non Adhesive Dressing 15cm X 15cm	4148664	15%	Apr-23
Convatec	Convamax™ Superabsorbant Non Adhesive Dressing 15cm X 20cm	4148698	15%	Apr-23
Convatec	Convamax™ Superabsorbant Non Adhesive Dressing 20cm X 20cm	4148672	15%	Apr-23
Convatec	Convamax™ Superabsorbant Non Adhesive Dressing 20cm X 30cm	4148706	15%	Apr-23
Convatec	Convamax™ Superabsorbant Non Adhesive Dressing 20cm X 40cm	4148714	15%	Apr-23

CELEBRATING INTERNATIONAL WOMEN'S DAY



At Alliance Healthcare, we put people first, so seized the opportunity to embrace and celebrate International Women's Day (IWD) which was on Friday 8 March. This is a global day, celebrating the social, economic, cultural, and political achievements of women where we celebrate all women - women of colour, transgender women, queer women, and non-binary people.

The day also marked a call to action for accelerating women's equity. The official 2023 IWD theme was *#EmbraceEquity*, a theme that drives worldwide understanding of why equal opportunities aren't enough. People start from different places, so true inclusion and belonging require equitable action. If we truly believe in, value, and embrace equity, then women are more likely to have access to what's required for them to succeed.

Women in Tech

With women making up only 20% of the tech workforce, we felt International Women's Day was the perfect opportunity to spotlight some of the women paving the way in our Tech Teams at Alliance Healthcare UK.



Meet Suma Gowda, Head of Technical Management, Alliance Healthcare who oversees the delivery of technical solutions and provides support to IT across enterprise platforms.

Suma wanted to be a medic growing up, but soon realised being a natural problem solver, that she was suited in a career that not only incorporates healthcare and technology but one that allows her to be part of a solution. After achieving her master's degree in Computer Applications, she has never looked back.

What are some of the great aspects of working in tech?

S: Tech jobs are not usually local, there are so many companies that allow you to work anywhere. Working in this industry has led me to interact with people from all over the world and enabled me to travel. Another great aspect is that we are at the core of our purpose, as our systems and solutions ultimately play a big part of creating healthier lives.

What are your interests outside of work and how do you balance work and life?

S: I am a travel addict; my next trip is actually next week to Iceland - I'm already thinking of where to go next! Travelling, meeting new people, exposing yourself to new culture and adventure enables you to think more inclusively and work in diverse teams across our global business. Yoga and meditation also help me with work and life balance.

Why do you believe there are still so few women in this sector?

S: Women statistically play multiples roles in their personal life, so they may not be able to catch up on technology trends. There is also a lack of mentors and representation in the sector, mindsets need to change so that we can be more inclusive.

Click on the QR code here, to find out more about International Women's Day 2023.

