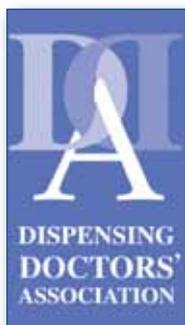


Rural GPs help to realise England's rural potential



Rural MPs must take the opportunity of the forthcoming general election to consider the importance of rural GPs to the health of England's population – and its economy.

Currently around 9.3 million people (18% of the population)ⁱ live in England's rural areas, and they offer an untapped economic potential worth an extra £347 billion per annum to the national economy – if only more policies supported rural economic development.ⁱⁱ

Defra has made this issue its top priority and has launched a number of schemes aimed at growing the rural economy. The Dispensing Doctors' Association now urges health leaders to follow Defra's example, and allow rural medical services to play their full part in the development of Britain's countryside areas.

In its 2012 Rural Statementⁱⁱⁱ, the Government restated its commitment to rural England, focusing on three objectives:

- economic growth – rural businesses can make a contribution to national growth
- quality of life – people living in rural areas have fair access to public services
- talking directly to rural communities – political empathy with rural areas.

Help GPs to help rural people

NHS Pharmaceutical Services policy in England dictates the framework and, in part, the funding for England's 1,000 dispensing GPs, which as a group provide primary medical and pharmaceutical services to around eight million patients in Britain's most rural areas.

As the representative body for rural dispensing GPs, the Dispensing Doctors' Association would urge MPs to take stock of the fact that the NHS fails to deliver



Dispensing practices such as the Riverside Medical Practice make a key contribution to the health and prosperity of rural areas

on the three commitments made by Government to rural people in its 2012 Rural Statement in the following ways:

economic growth: In dispensing practices GPs routinely reinvest dispensing income to cross-subsidise the increased costs of providing rural general medical services in rural areas, which in turn reduces emergency admissions to hospital. These increased costs include: the increased costs of transportation (home visits over remote and rural areas) and supplies (low volume surcharges levied by pharmaceutical wholesalers), staffing costs (incentivised recruitment and retention of GPs) and provision of a wider range of healthcare services that acknowledges the lack of other local healthcare service providers. This reality has never been publicly acknowledged in England, and at the time of writing, the Department of Health is yet to respond to the inquiry held to establish the true costs of the rural dispensing GP service.

rural patient engagement: When patients are eligible to choose to receive dispensing services from their GP the overwhelming majority choose to do so. The 2008 DDA Patient Survey demonstrates patients' preference for GP dispensing services. The DDA would urge the NHS to prioritise the views of rural patients when assessing the local pharmaceutical service provision.

equitable service provision: Throughout Britain rural patients are denied services that are available to urban patients who

access pharmacies. Pharmacy services currently unavailable to rural patients using dispensing practices include: the electronic prescription service, the new medicines service, and the medicines use review service.

What healthcare services are on offer in dispensing practice?

Due to their remote and rural locations – and distance from other healthcare service providers – dispensing GP practices typically offer a wider range of healthcare services that are designed to keep people out of hospital:

- Same day appointments
- Longer appointments
- Contraceptive Pill Checks for patients aged under 30
- Dressings/Wound Checks
- Injections
- Leg Ulcers
- Asthma Care
- Diabetes Care
- Travel Advice and Vaccinations
- NHS Cardiovascular Health Checks
- Treatment of minor injuries
- General health check
- Advice on stopping smoking, weight control and other preventative health topics.

Why change what's perfect?

Credit: Riverside Medical Practice - Halling & Cuxton



Riverside Medical Practice's dispensaries enable the GPs to offer patients 360° care

In Rochester & Strood constituency, tucked among the busy motorways, the High Speed Rail Link and north Kent urbanisation, lies a small pocket of rurality. For the rural patients fortunate enough to be eligible to use the local dispensing practice, there is also a centre of healthcare excellence – a shining example of NHS care located in what has been described as an otherwise challenging area for NHS healthcare services.

When the new GP Friends & Family Test asked patients at the Riverside Medical Practice in Halling and Cuxton what they would improve about the practice, the practice was told in no uncertain terms: "Why change what is perfect?"

Based across two sites, the Riverside Medical Practice caters for a wide patient demographic, including the local traveller population and residents living on river boats. Of its 4,750 registered patients, 4,200 receive the NHS GP dispensing services that are available from both surgery sites. The facility of two separately located dispensaries gives most patients walking access to a GP and to the treatments subsequently prescribed, which is a lifeline to those patients who do not have a car,

or who would be challenged to find alternative sources of NHS care or medicines. Just some of the challenges present in this area of rural north Kent include lack of alternative suppliers, safe pavements and illiteracy rates, which can be a consideration among the local traveller population.

A key factor in patient satisfaction with the practice is the 360° care that the dispensary allows the practice to offer. In the practice there are several long-serving members of staff, many of whom work across services. For example, the dispensary team are also trained to work in the reception. This means that the practice staff all know the patients, and are themselves well-known to local patients. "Patients are not just 'faces' but part of a local community that we are part of, and know well," says practice manager Sue Challenger.

Because the dispensary has responsibility for patients' ongoing medicines' needs, the experienced dispensary team is also in a good position to ensure the earliest possible referral of problems to the medical team. Staff can spot when treatments are not being routinely ordered or when there are clinical signs that treatments are not having the optimal effect. That the dispensary also delivers to any patient in need, including the local traveller population, also ensures that any hidden wider social care needs are picked up and referred on for action. "Some of our patients can be very poorly, and have urgent care needs, and the dispensary delivery is a way to ensure these needs are discovered and met," says Ms Challenger.

References

- i Quarterly Rural Economic Bulletin September 2014.
- ii Commission for Rural Communities, England's rural areas: steps to release their economic potential-Advice from the Rural Advocate to the Prime Minister, 2007
- iii Dispensing Doctors' Association myth buster. Patients prefer the convenience of pharmacies
- iv Dispensing Doctors' Association website information: Dispensing doctors cost less.

Promoting rural economies

Rochester & Strood villagers very much enjoy the special nature of rural North Kent life and many have lived in the area for generations. But there is no doubt that rural life today in north Kent is challenging. Industry is declining in the area and local village businesses are scarce. In Halling, for example, there is just one post office, a small hairdressers and nearby, a small newsagent. The GP surgeries, therefore, provide a valuable local employment opportunity, currently for nine practice staff, as well as three GPs and a nurse. The GP surgery also serves as a community resource that can be used to host other services. An example, says Ms Challenger, is the weekly midwifery clinic that otherwise would not be available to local parents without a car.

Income from the dispensary provides a vital boost for this small practice, and it is used to fund the costs of running two full surgeries and to recruit high calibre staff in what is a professionally challenging area. Dispensing doctor practices therefore urge politicians to ensure that the needs of rural patients and their wider communities continue to be met. Ms Challenger says: "Dispensing doctors are not only much more cost effective than pharmacies^{iv} we also don't operate selective healthcare services based on commercial considerations. We want to keep doing what we do really well.

"But if dispensing was lost we would have to offer a branch rather than parallel main surgery. We feel it would be an insurmountable loss if dispensing was taken away from our practice."

About the Dispensing Doctors' Association

About the Dispensing Doctors' Association The Dispensing Doctors' Association (DDA) represents over 6,600 doctors currently working in 1,450 dispensing practices across the UK. It is the only organisation that specifically represents the interests of dispensing doctors and their 8.8 million patients. The DDA meets regularly with ministers and other agencies to promote the contribution dispensing doctors can make to rural health, and achieve fair remuneration and reimbursement for their services. DDA members are always delighted to talk to politicians about the service of rural dispensing, and to host visits to their practices. If you would like any more information on dispensing, or are yet to visit a constituency practice, please contact the Dispensing Doctors' Association office on: Email: office@dispensingdoctor.org Tel: 0330 333 6323 Web: www.dispensingdoctor.org