

Dispensing practice: delivering NHS care in rural Wales



Welcome to this briefing paper from the Dispensing Doctors' Association for Assembly Members focusing on dispensing practice in Wales. The first of three to be published in Wales during 2014, its aim is to give you a better understanding of dispensing practice and the vital role it plays for the NHS in Wales.

Recruitment problems in rural Wales are already a priority issue, and they are only going to get worse, Betsi Cadwaladr University Health Board has warnedⁱ,

stating that by 2017 GP manpower levels in North Wales could be at crisis point: seven-day care will start to ask more of its GP network from 2015.

More GPs per patient

Thanks to the additional support of their NHS dispensing income, dispensing practices are typically able to provide a superior range of medical services compared to non-dispensing GPs.ⁱⁱ

- Dispensing income allows dispensing practices to afford to

offer more GPs per patient, to give patients better access to a GP and to give the practice more opportunity to offer longer consultations.

- Dispensing income allows dispensing practices in remote areas to provide medical services which otherwise would not be available (due to a lack of local secondary care services).
- Dispensing income often acts as an incentive for practices to encourage the now urgent task of recruiting and retaining GPs in rural areas.

ⁱ BCUHB statement on medical workforce and recruitment [online] at:

<http://www.wales.nhs.uk/sitesplus/861/document/189918>

ⁱⁱ Community Pharmacy Scotland response to the Scottish Government Control of Entry and Dispensing Practice Consultation [online] at:

www.dispensingdoctor.org/comments.php?id=3083

How you can help

The Dispensing Doctors' Association would call on Welsh Assembly Members to learn from the experience in Scotland, where the loss of dispensing income has forced one health board to provide a GP service based solely on expensive and often transient locums.

Dispensing doctors, who specialise in delivering optimised care in remote and isolated communities, and in caring for the frail elderly, are uniquely equipped to help the NHS in Wales – and meet the demands of an ageing population with increasingly complex health needs.

But, they do need your help

The vital dispensing doctor service in Wales is in danger. In 2013, there were 86 dispensing practices in Wales,



Medical services on the Scottish Isle of Cumbrae are now delivered solely by locums, after the practice was forced to give up dispensing

income, serving 195,910 dispensing patients. Compared to 2010, this represents a **4% decline** in Welsh dispensing practice numbers.

Previous years' data shows:

- 2012: 88 practices, 196,723 dispensing patients
- 2011: 87 practices, 197,635 dispensing patients
- 2010: 90 practices, 200,376 dispensing patients

About dispensing practice in Wales

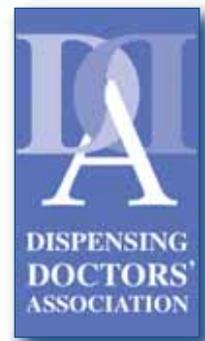
Dispensing doctors are general practitioners (GPs) who provide primary healthcare to over nine million rural patients across the UK. Nearly 3.8 million patients of these live remotely from a community pharmacy. In Wales, the dispensing GP service provides patients with access to medicines and general healthcare under one roof. These services include branch surgeries and near-patient tests for patients in rural areas.

Contact us now!

The Dispensing Doctors' Association can:

- Help you understand how to ensure rural general practice becomes - and stays - an attractive place to work.
- Support the NHS in Wales to meet the demands of an ageing population
- Help you to manage increasingly complex health needs in the most cost effective way. **Contact us now!**

How dispensing practice is delivering care in rural areas



The Felinheli and Menai Bridge Surgery dispensary: providing vital access to medicines

Dispensing general practice delivers a vital role in isolated communities, providing services that would otherwise be unavailable locally. Uniquely equipped to manage the unique challenges of the rural healthcare environment, dispensing GPs offer urgent care and even emergency care that in more urbanised environments would be delivered in secondary care.

They also offer preventative care, keeping people well for longer and ensuring earlier referral when necessary. But as the figures for dispensing practice in Wales show, services are under pressure – due to inadequate dispensing practice funding.

CASE STUDY

Thanks to the support of its dispensing income, the Felinheli and Menai Bridge Surgery in north Wales is able to offer its 5,600 patients an enviable level of service. Operating from two sites, the practice employs five doctors, including four female GPs, and three practice nurses. Patients can also take advantage of the services of a team of four midwives and health visitors, plus a district nurse and an advanced clinical nurse practitioner. The range of services on offer from the practice include: chronic disease clinics, family planning, antenatal care, baby clinics, counselling, on-site mental health assessments, weekly smoking cessation clinics, seasonal and routine vaccinations and a wart/minor surgery clinic.

A team of seven dispensers ensures the practice's 2,000 dispensing patients always have ready access to their prescribed medicines – which is vital considering some patients have to make the sometimes difficult trip over the Menai Bridge from Anglesey. For those patients without private transport, the nearest pharmacy would otherwise be two separate bus journeys distant. Recently, the practice relocated into new premises, offering much improved parking and expanded consultation facilities. To further boost patients'

experience of the practice and the NHS, the practice aims to run both sites as full time practices, with at least one always open between 8am and 6:30pm, and offering patients 15-minute appointments.

But, according to practice partner Dr Philip White, the services on offer from his practice are now under significant pressure; this is due to the combination of losing the Minimum Practice Income Guarantee, and the continuing reductions in dispensing income, caused by factors including the NHS clawback. He says: "Our practice is highly dependent on the MPIG and we view the changes to this payment and our dispensing income with consternation. To our practice these payments are as valuable as QOF."

Although the changes to MPIG do not start to take effect until 2015, the practice has already calculated that its MPIG losses are equivalent to the cost of three staff members – and that is despite the financial safety net built into the Welsh agreement. Dr White also wonders whether the uncertainty over rural practice funding is beginning to make its mark on recruitment to the practice, which traditionally has been relatively straightforward. He said: "When we previously recruited we only had two applicants for the post."

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: 0844 824 6199 Web: www.dispensingdoctor.org