Dispensing Doctors' Association (DDA)

Call to Action

The Dispensing Doctors' Association is urging the BMA to review its 'Call to Action' to highlight the ongoing challenges in dispensing practice.

The DDA is calling for the BMA to include an expert dispensing practice representative in all negotiations to promote successful and sustainable dispensing practice based on three core principles:

That dispensing practice is always:

✔ Right for the patient ✔ Right for the NHS **AND** ✔ Right for the practice

DDA members are encouraged to share this document with their LMC

The problems...

... **for patients**:
Nine million patients (13 per cent) of the UK population who are served by dispensing practices are regularly failed by Government and NHS policies that do not recognise the vital role of dispensing practice in local health service delivery. A specific example is the failure to deliver evidence-based medicines optimisation services such as the new medicines or discharge medicines services in dispensing practices as well as pharmacies.

Key take-away: The rights of dispensing patients must always be respected equally when considering access to pharmaceutical services in rural areas

... **for the NHS**:
Developments such as the Electronic Prescription Service secure significant operational efficiencies throughout the NHS and for patients. However, around 1,200 dispensing practices across the UK are yet to secure full NHS funding to implement this vital technology in their practices.

Key take-away: Dispensing practice policy and funding should be reviewed urgently to encourage and protect innovation in dispensing practice

... **for the dispensing doctor practice:**

The dispensing practice discount abatement mechanism ('clawback') is now 25 years old and it no longer reflects current discount rates: hundreds of branded medicines and appliances are supplied with no discount available, financially penalising **every practice, every time** that they dispense these items. **This mechanism requires immediate and regular review.**

The dispensing fees envelope has not been updated in line with DDRB annual inflationary GP staff pay uplifts since 2019. This has devalued the fee by 20 per cent, putting immense pressure on dispensing practice operating costs and jeopardising safe staffing levels. **This funding envelope also requires urgent review.**

Key take-away: As a negotiating principle, dispensing practices should never be expected to operate and dispense at a loss

The DDA is offering to support the BMA across the UK and regionally **to establish a dispensing doctor lead in policy negotiations.** Together, we can create national and regional GP policy that always takes into account the unique needs of dispensing GPs

- for the benefit of the patient, the NHS and the practice.