The Future For Dispensing Doctors In The NHS

Dr David Jenner
Dispensing GP Cullompton Devon

Board Member Dispensing Doctors' Association

Today

- 948 Dispensing Practices in England. 9.28 million patients
- 92 Dispensing Practices in Scotland. 282,688 patients
- 67 Dispensing Practices in Wales. 304,409 patients
- 2 Dispensing Practices in Northern Ireland
- They serve 9,867,097 Million patients (c.15% of UK total)
- 7% of all prescription items dispensed by DDs =70,528,816
- 90% of Dispensing Practices belong to Dispensing Doctors Association

Where Are We Today?

- All major political parties committing to NHS
- But Labour and Conservatives both seeing increased role for private sector
- Funding for NHS in an ageing population a huge issue
- National finances stretched after Covid ,Ukraine War and fuel inflation
- Inflation raising wage demands and public sector pay rises below inflation
- Widespread industrial action in public sector (but not GPs!)

Where Were We a Year Ago?

- A lettuce surviving longer than the then prime minister
- Political chaos in government for the last few months
- Four SOS for health in 2022
- Therese Coffey then SOS for Health
- Steve Barclay temporarily out of office
- Current senior ministerial team not in place until 25/10/2022

Key Policy Developments In Last year

- Sept 2022 Consultation on National Vaccination services (yet to report)
- October 2022 Future of General Practice Health Select Committee Report
- March 2023 GP Contract imposed
- March 2023 Spring Budget
- May 2023 Primary Care Recovery Plan
- June 2023 BMA call to action
- June 2023 NHS Workforce Plan
- July 2023 Government Response to Health Select Committee
- September 2023 Community Pharmacy Vision for Future

Next Steps For Integrating Primary Care (Fuller Review) May 2022

- Reinforces concept of PCNs
- Talks of increasing integration in “neighbourhood teams” (PCN size)
- Raised potential for separating same day care from long term care
- Request for move form national to local funding streams BEWARE!
- Talk of more support to PCNs though back office functions, HR etc
- What has happened about it ? -nothing! and BMA see PCNs as an existential threat to independent contractor status

HSC Report Future of General Practice

- Really good cross party report
- Recognises a crisis in General Practice
- Calls for funding for 1000 more GP trainees a year
- Expand ARSS funding to cover more staff roles
- E-prescribing in hospitals
- Address pension tax rules
- Encourage continuity of care

HSC Report Future of General Practice

- Appoint a Continuity Lead in each PCN
- Cap List Sizes
- Abolish QOF and IIF and invest in core contract
- Review Carr Hill Formula
- Require Government to express support for partnership model
- Allow GP partnerships to operate as LLPs
- National training for receptionists

A Single Reference to Dispensing

Recommendation 2

The Government should commission a review into short-term problems that constrain primary care including, but not limited to: the interface between primary and secondary care, prescribing from signing to dispensing, administrative tasks e.g. reports and sick notes, day-to-day usability of IT hardware and software, and reviewing of bloods, pathology and imaging reports.

Government Response July 2023

- Partially accepts crisis -but states actions to address in Primary Care Recovery Plan
- See NHS workforce plan for recruiting trainees 500 by 2025
- Direct new trainees to under-doctored areas
- ARSS -new clinical roles approved including Advanced Practitioners and flexibility but NO REIMBURSEMENT FOR THE MANAGERS TO MANAGE THEM
- Reception and care navigation training in PCRP

Government Response July 2023

- Pensions -see budget partly addressed
- Continuity -agree important for some only but No to a Continuity Lead
- Reject personal lists and cap to list sizes
- QOF and IIF partially accept (state 25% reduction in QOF domains and IIF reduced from 36 to 5
- Carr Hill review -nothing till April 2024
- LLPs-partly accepts recommendation but a definite “maybe”

GP Partnership Model

Recommendation 26

In response to this Report the Government should reaffirm its commitment to maintaining the GP partnership model and explain how it will take forward our recommendations to better support the partnership model, alongside ongoing work to enable other models of primary care provision.

Response

Partially accept.

The Department partially accepts this recommendation. The Government confirms there is currently no policy to abolish the partnership model, which is the majority model for general practice delivery and works well in many places.

GP Contract 2019-2024

- Last year of five year deal -c.2-3% income increase
- Note this deal had no built in protection against unpredicted inflation and was never put to ballot of profession before implementation (in my view both huge mistakes)
- Most new money for staff (initially only 70% reimbursement) -changed to 100% after mass revolt BUT INDEMNITY PROBLEM SORTED
- Lots more work for GPs to do assuming ARSS would free them up to do that
- Included provision for a balancing mechanism but detail never negotiated
- No workforce plan ,no premises plan,
- Much of ARSS unspent -40% returned to treasury in first two years , 66million underspent 2022-2023 -only 15% going back to practices

GP Contract 2023-2024

- Imposed not negotiated
- BMA had leadership “issues” during negotiation, decided “no” to industrial action
- Nothing new about dispensing at all! (Not mentioned)
- Dispensing fees/reimbursements as per previous rules
- IIF hugely simplified but its now all about access
- QOF only two new indicators and a little simpler
- BUT IIF and QOF still AT RISK INCOME -DIFFICULT TO PLAN FOR

GP CONTRACT 2023-2024

- No uplift for DDRB 6% staff pay rises (but supposedly under negotiation to be included) -believe it when you see it!
- And now Covid Vaccination fees reduced 25% and then very quick about turn on that !
- But some practices opted out of COVID -is this cock up or conspiracy to justify a new national vaccination service ?
- Tension as Covid ES is PCN level ,Flu ES practice level
- Key question for the future -contracts at Practice or PCN level?

GP Contract 2024-2025

- NHSE already said a stepping stone and funding only agreed for one year
- General election has to be in this year (unless before)
- BMA under new leadership
- BMA preparing for industrial action potentially
- My guess NHSE will just try and roll over current contract with a few tweaks and no major change
- Key question is how much BMA AND YOU will flex muscles?

Spring Budget

- Pension Annual Allowance increased from 40K to 60K,
- Pension Lifetime Allowance abolished
- Tapered Pension Annual allowance for high earners remains
- 45% tax rate kicks in at £125,140
- Effective 60% tax rate between £100K-£125K
- No allowance to only superannuate part of income
- You can rejoin NHS pension scheme even if retired (2015 scheme)
- So issues remain for high earners
- But extra contributions to pensions could mitigate the 60% tax bracket

But of Course Seek Expert Financial Advice

And Labour have said they would reinstate lifetime allowance
Would this be retrospective (unlikely)
And they suggest, if elected, a specific fix for doctors!

Primary Care Recovery Plan

- Zero mention of Dispensing! Or Dispensing Doctors
- All money for GPs is “retargeted” (mainly from IIF) NO NEW MONEY
- £645million NEW MONEY for Community Pharmacy (CP) -for clinical services not dispensing NOTHING FOR DISPENSING DOCS
- No recognition of workforce issues in C.P. or sustainability (look at Lloyds!)
- VAT exemptions for CP employed staff
- CP to be able to prescribe and dispense more items and funded on item of service for this
- Will they be issuing the sick notes though?

Primary Care Recovery Plan

- Lots about improving appointment making
- Assumes cloud based telephony ,triage and better digital access will improve access
- Still expects most consultations to be mainly phone or face to face though!
- But quiet on the workforce needed to deliver the service!
- Some promise of “one off” monies for struggling practices to clear appointment books (sounds like the old Advanced Access) but no recurrent monies
- Some funding for better digital tools and systems

Note and Beware These Words P41.

‘ We will explore alternative approaches that can work alongside the partnership model and explore additional opportunities to better align clinical and financial responsibilities in primary care, enabling primary care teams to shape NHS services in their area and reinvest savings in frontline services”

Sounds to me like giving PCN’s budgets and re-inventing community fundholding

Who wants a cash limited budget in today’s climate?

Primary Care Recovery Plan

Has anyone thought what happens to patients where there is no local community pharmacy?
Apparently NOT!

BMA Action Plan for General Practice

- More like a wish list!
- No mention of Dispensing Doctors at all! (Shame on you BMA)
- More money, more GPs, less bureaucracy,
- Remove QOF and IIF and ABOLISH PCN DES and move money to core GMS/PMS/APMS contracts (note Amanda Doyle) NHSE have since said there will be no threat to PCNs!
- A new contract
- Actions to prevent GPs being unfunded providers of last resort
- Stop unfunded transfer of work

BMA Action Plan for General Practice

- 15 minute appointment times
- Support for independent contractor model as the best model
- New fully funded salaried GP contract
- New premises plan with minimum standards and funding to address these
- Practice expenses to be recognised separately and funded and linked to RPI
- Workforce expenses to be linked to DDRB and AFC and move all non GP staff to AFC rates

Well It’s a Good Manifesto To Negotiate Around

But not for Dispensing Doctors!

This Highlights the Major Issue for Dispensing Doctors

NHSE will only negotiate with BMA (not DDA)
But BMA either forgets or ignores us!

Hence the DDA **“Call To Action”** launched today

NHS Workforce Plan

- " Too much, too little too late"
- Mainly jam tomorrow
- Unfunded beyond 2025 (or next General Election)
- Double medical school places by 2030
- Increase GP training places by 50% to 6000 by 2030
- Nearly double nurse training posts by 2030
- Medical apprenticeship roles starting 2024/2025

NHS Workforce Plan

- Allow non GP (SAS) doctors to work in GP under supervision
- Bring more AI and technology into play to deliver workforce productivity by 2% (workforce delivers 2% more for nothing)
- Recognises the threats especially to General Practice
- But will next government commit to the funding?
- And can we stop GPs and nurses leaving in the meantime?
- 23% of fte GP workforce over 55 =6,000 GPs!

Community Pharmacy England
"A Vision for Community Pharmacy"

- Commissioned by CPE from Kings Fund and Nuffield Trust
- Not government or NHSE or DHSC policy (indeed they have not commented)
- Sets out a vision for community pharmacy doing a lot of what GP contract currently does ? At item of service rates
- Calls for more investment for C.P. but not to be taken from GPs
- Calls for no more squeezes on dispensing income
- One reference to Dispensing Doctors (page 46)

A Vision For Community Pharmacy P46.

Regulation Actions required

- **Legislative changes to contract rules to allow dispensing without a pharmaci**

A Vision For Community Pharmacy

- Develop an appropriate understanding of the economics of community pharmacy and to work in partnership with the Competition and Markets Authority to ensure that market management, at both national and local levels, delivers the most efficient use of taxpayers' money in addition to consumer benefit.

- Also calls for equivalence of regulation (CQC registration for pharmacy)?

A Vision for Community Pharmacy

- Calls for significant new investment in premises, equipment and there is not much new money!
- And need for many more prescribing pharmacists (also in scarce supply) but much weight placed on the graduates in 2026 who will be able to prescribe
- Move to more clinical services but see this example

Hypertension case Finding

- Pharmacy finds single raised BP and gets paid for so doing (£15)
- Then needs ABPM or HBPM (£45)
- Blood tests, urine dip and ACR plus ECG ??
- Physical examination if needed ??
- Management of any co-morbidities (diabetes/CKD)??
- Pharmacotherapy and review ??(£20-£28 for pharmacy review)
- Who does and gets paid for that? (Pharmacy or Dispensing Doctor)

So Is There a Future For Dispensing Doctors

- Well certainly the future not clearly outlined in policy
- But certainly no overt policy to remove us
- But no clear commitment to supporting us, evidenced by:
- No will to renegotiate on reimbursement
- No recent inflation uplift to dispensing fee envelope
- No recognition in primary care recovery plan
- No specific mention in policy

Wales

- 68 dispensing practices (17.6%) ,6% population use Dispensing DR dispensaries ,39 have branch sites
- No PCNs or PCN DES
- Big move to 2 month dispensing intervals
- Designed to save costs and free up pharmacy to provide services
- Not enforced on Dispensing Doctors yet but could half income
- Dispensing fee envelope based on England and Wales so fee would not rise appropriately for Welsh
- IT -nationwide procurement Vision or EMIS -practice choice
- EPS rollout soon but no dispensing solution (like England)

Scotland

- Vaccination service run by health boards not GP
- Different reimbursement regime, no category M, max clawback 7.4%
- Different dispensing fee envelope
- Predatory pharmacy applications still happening
- No EPS active or likely to happen soon
- IT -all will be Vision
- Reimbursement mechanisms slightly different
- Otherwise similar to England

Threats to Dispensing Doctors

- Workforce -GPs and dispensers in particular
- No inflation related uplifts to dispensing fees
- Reimbursement and zero discount deals ,clawback, price concessions
- End to, or reductions in discounts from pharma
- All newly qualified pharmacists qualified to dispense from 2026
- Internet pharmacy
- Potentially big corporate players , Amazon and United Health
- Change to prescribing intervals (Wales) and possibly England/Scotland

General Policy Move to Switch Funding From Dispensing to Clinical Services

But nothing for Dispensing Doctors

Community Pharmacy Struggling to Survive On this Basis

Would a Yearly Envelope for Dispensing Fees Linked to Script Volume Be An Answer?

But How to Ensure Inflation Proof!

Opportunities for Dispensing Doctors

- Traditional community pharmacy model becoming unviable
- Shortage of community pharmacists (especially in rural areas)
- No one has any other overt plan or policy for doing what we do
- We deliver seamless “one stop shop’ services
- We can if needs run hybrid models and employ pharmacists
- Potentially become community hubs as everything else shuts!

Political Positions

- Tories see expanded role for CP and private sector and probably get vaccinations off GPs (but await outcome of consultation)
- Probably look to reform GP contract and ? Move to PCN level
- Labour -recognise you lose General Elections rather than win them so keeping policy announcements very light, train 15,000 doctors a year
- Wes Streeting “stirring it up’ saying rip up the murky, opaque GP contract and salary all Gps ,right to see GP of choice and face to face,
- Keir Starmer saying GP partnership model coning the the end of its life (but then rowing back on that)

Political Positions

- (Labour) Train 15,000 doctors a year
- LIb Dems calling for 8000 more GPs, legal right to be seen by a GP within a week (or 24hours if urgent) and encourage retired GP's back
- Most dispensing practices in constituencies where major political threat to Conservatives are Lib Dems and whose five point winter plan failed to mention GPs

My Predictions

- Dispensing doctors will be largely ignored in next years contract round
- Next years contract will be a one year fudge and PCN DES continues
- Government will do enough to avoid major conflicts with GPs next year pre-election
- Government and NHSE will not engage in any major contract reform process 2024-2025
- No changes to reimbursement, fees, DQRS until new contract agreed or imposed
- New government (of some sort ? November 2024)
- No time for new contract or reform by April 2025 either!

My Predictions

- Continued emphasis on funding clinical services in community pharmacy
- Exploration of alternatives to partnership model where that is not working ,especially inner cities
- Continued attempts to move contracts more towards PCN level than with individual practices (note direct conflict with BMA position)
- No direct threat to ending dispensing doctor contracts but encouragement of competition from pharmacy
- More dispensing doctors running hybrid systems with a pharmacy

My Predictions

- Potential major reform GP and Pharmacy Contract 2026
- Community Pharmacy dominated by big players who will demand concessions and they will get investment and reform
- But GP services unprofitable too (Centene/Babylon/GP partners pulling out)
- So we will likely get changes too
- UK/England spending more and more on health (now 50% public spending) with fewer tax payers to pay for it so cash squeezed
- But no easy or cheap solution to replacing Dispensing Doctors or rationale!

In Summary

- Lots of potential change but no immediate threats
- Dispensing still in the long grass and provides invaluable service
- If you provide a good service and are cost efficient CCG/ICS/CQC scrutiny unlikely, no easy solutions to replace us
- So much depends on the next General Election
- Workforce and workload remain and will remain very real threats
- Look after your staff!

So Probably No Major New Changes Until April 2026

But Amanda Doyle Signalling Strongly A Commitment to PCNs
And General NHSE Policy towards “neighbourhood” provision remains
Incorporation of Practices into Bigger Structures Risks Losing Dispensing Under Current Legislation

So Expect Reform But Not Extinction!

But likely no massive payouts or bungs