

# Dispensing GPs are ready for winter



With winter just a few months away, the NHS in England will be anxious to avoid a repeat of last year's headlines which dubbed A&E waiting times in England the "worst for a decade".

For political, as well as financial reasons,

reducing the number of avoidable admissions to hospitals in England this winter will be a key priority for the new Government - particularly, as it seeks to see some return on the investment made in the NHS over recent years.

The good news for Government is that dispensing GP practices have the skills and the unique resources to deliver the best possible care for rural patients and, as the temperature drops, they are ready and able to reduce the pressure on already stretched NHS services.

**“ Dispensing GP practices have the skills and the unique resources to deliver the best possible care for rural patients as the temperature drops ”**

Dispensing GP practices are ideally located to help the NHS improve its winter resilience: they are already located in rural areas, where temperatures can be lower and the wind-chill more prevalent than in urban areas, and are experienced and equipped to deal with winter road conditions.

In line with the aims of NHS England's Cold Weather Plan (CWP), dispensing practices are ideally placed to anticipate the adverse health effects of cold weather and proactively take action to benefit the most at risk patient groups: they are traditionally based in the centre of small local communities, and they have vast experience of dealing with geographically disperse, socially isolated and vulnerable patient populations. Dispensing income boosts the practice's financial resilience, providing funding for resources that would otherwise be unavailable and which can be used to reduce pressures elsewhere in the NHS and in social care.



Dispensing practices have the skills and resources to cope with winter pressures in rural areas

## Did you know...

At 8°C, you have an increased chance of the following:

- heart attack
- stroke
- respiratory disease
- influenza
- falls and injuries
- hypothermia
- mental health illness such as depression

## What GP practices can do

The onset of winter provides a focus around which GP practices can winter-proof their year-round care offering.

Thanks to the presence of an on-site medicines dispensary, dispensing GPs can help patients this winter by offering:

- Seasonal flu immunisation campaigns
- Targeted approach to the care of vulnerable patients
- Multidisciplinary, integrated care service including medicines optimisation
- Easy, one-stop access to medicines supply
- Family GP approach to patient care
- Care based on local knowledge and centred in a community 'hub'.

## What can I do?

- Dispensing GP practices all have the potential to help the NHS in England deliver a safe and effective winter health service – but many fail to deliver the maximum efficiencies required.
- Infrastructural challenges such as inadequate financing, medicines shortages, sub-standard IT and broadband, and recruitment and retention problems affecting nurses and GPs all put pressure on rural GPs. This jeopardises patients' chances of receiving the preventative care that avoids unnecessary admissions and keeps patients out of hospital.
- With your help dispensing practice can be transformed into a hub for the delivery of integrated health and social services in rural areas – this winter – and during the term of this new Government.
- Why not contact the Dispensing Doctors' Association today to arrange a visit to a dispensing GP practice? There, you will see for yourself the vital role these practices play in rural areas.

## What is a dispensing doctor?

Dispensing doctors are general practitioners (GPs) who provide primary healthcare to around nine million rural patients. Nearly 3.6 million patients of these live remotely from a community pharmacy.

At the request of the patient, dispensing doctors are allowed to dispense the medicines they prescribe for patients who live more than a mile from the nearest pharmacy. This service acknowledges that such patients may not have easy (or indeed any) access to a pharmacy and provides patients with access to medicines and general healthcare under one roof. This includes the operation of branch surgeries and near-patient tests for patients in rural areas.

# Right medicine... right time!

**Give patients the right medicine at the right time – and the result is outstanding medical care, as the Bakewell Medical Centre in Derbyshire demonstrates**

**Describing the** dispensing practice and DDA member GP surgery as outstanding on all five of its inspection measures, the Care Quality Commission has concluded that effective medical care comes as a result of patients getting “the right medicines at the right time”.

For the patients at the Bakewell Medical Centre effective medicines management has resulted in lower than average hospital admissions and lower than average rates for usage of the out of hours, and accident and emergency (A&E) services. Consequently, patients enjoy care outcomes that are consistently higher than the national average.

According to the GP regulator several dispensary-related factors are implicated in these achievements:

- The dispensing practice DRUM service (Dispensing Review of Use of Medicines) allows patients an opportunity to ask questions about their medicines and improve overall clinical outcomes and patient education
- The dispensary and practice are open for 55 hours a week, giving patients easy access to medicines and high quality advice. However, due to the rules limiting patients’ use of the GP dispensary services, only 40 per cent of patients are eligible to benefit from the dispensary service
- Personalised care plans, anticipatory medicines and robust processes are in place to keep the most vulnerable patients safe.

Practice manager Nick Derbyshire is naturally pleased to see independent recognition of the efforts of the practice’s dispensing lead GP and partner Dr Izzy Clayson and dispensary manager Liz Bradwell,

as well as the local medicines management team. He said “As a dispensing practice we are absolutely 100 per cent committed to achieving the ‘right medicine, right time’ for all our patients. There is a focus on medicines here that I think you just don’t see to the same degree in non-dispensing practices.”

## Resourcing anticipatory care

At the Bakewell Medical Centre around one in three of the 6,000 registered patients are aged over 65 years, and, according to Mr Derbyshire, this creates a high demand for practice services – especially during the winter.

At the practice personalised care plans are available for 4% of the most at-risk patients – double the contractual requirement of 2%. What is more, at-risk patients are offered a named GP, and when needed, same day access to a GP, community matron or nurse, and longer appointments and home visits. There is also a heightened awareness of the need to reduce the risk of social isolation.

## Waste not, want not

Actions and education to reduce NHS resources wasted as a result of unused medicines are also commonplace at the practice, and, in a recent Drug Amnesty Day, over £1,000 worth of unused medicines were returned in a single day. Mr Derbyshire says: “As a practice that purchases the medicines we supply, we know for ourselves the real value of this waste. For us it’s not enough just to be told to improve our use of medicines – we feel there is an absolute imperative to dot all the I’s and cross the T’s of the medicines we dispense.”

It is the view of Mr Derbyshire that the presence of the dispensary underpins all this activity. He says: “Our GPs, nurses,



Credit: Courtesy of Bakewell Medical Centre

**Dr Izzy Clayson (left) and dispensary manager Liz Bradwell consider GP dispensary services an intrinsic factor in reducing avoidable hospital admissions**

the dispensary manager and the CCG medicines management team have all taken a lot of time and effort to get things right for our patients – particularly the most vulnerable. We all have belief in, and commitment to the fundamental values of the NHS, and in the practice there is a culture of continual education and improvement – but this all takes time and money. In this respect, we are fortunate to have the dispensary; it really rounds the circle of the patient care we can offer. But, more practically, perhaps, it provides a vital source of income. Without it, we could be looking at having to do without 1.5 FTE GPs. That would make a big impact on the levels of patient care we could offer.”

## About the Bakewell Medical Centre

- ✓ Three GP/partners
- ✓ Two associated GPs
- ✓ Community matron
- ✓ Two practice nurses
- ✓ Three healthcare assistants
- ✓ Practice manager, dispensary manager and 10 reception/ admin staff including dispensers
- ✓ 55 hours of appointments per week
- ✓ Wide range of clinics including for outpatients

## References

1. CQC report. July 16, 2015. Bakewell Medical Centre, available [online] at: <http://www.cqc.org.uk/location/1-560622343>

## 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](mailto:office@dispensingdoctor.org) Tel: 0330 333 6323 Web: [www.dispensingdoctor.org](http://www.dispensingdoctor.org)