# Take go care of fragile



MSPs with responsibility for Scotland's remotest areas should take care to protect Scotland's fragile network of dispensing GP practices.

As MSPs consider the redesign of the Scottish health service they

must make sure that they rural-proof any solutions they propose.

Over the summer Scotland's health and sport committee will look at eight areas that are identified as some of the most pressing and important to allow the health care system in Scotland to deliver a world class service.<sup>1</sup>

#### These areas are:

- GPs and GP hubs
- Delayed discharges
- Social and community care workforce
- Tackling obesity
- Health and social care integration budgets
- Recruitment and retention
- Targets
- Mental health

In response to the investigation by the sport and health committee, the Dispensing

#### References

- Scottish Government announcement.
   Ambitious programme set out for Holyrood's Health Committee
- NHS Scotland Information Services
   Division statistics 2015-16.
   Dispensing Reimbursement,
   Remuneration and Volume.

Doctors' Association urges MSPs to do all they can to preserve the asset that is Scottish dispensing GP practice.

Latest NHS Scotland statistics shows that rural health boards with a high proportion of dispensing practices, record the lowest costs associated with dispensing NHS prescription medicines.<sup>2</sup>

Nine boards dispense at an item cost of less than the Scottish average of £12.50.

#### These boards are (in ascending order):

•	Western Isles:	.£9.33
•	Shetland:	£10.21
•	Dumfries & Galloway: .	£10.43
•	Borders:	£11.22
•	Lanarkshire:	£11.61
•	Orkney:	£11.70
•	Ayrshire & Arran:	£11.80
•	Highland:	£11.90
•	Forth Valley:	£12.48

Scotland currently has only 97 dispensing GP practices, and despite the protection of regulations introduced in June 2014 the network remains precarious. Numbers of practices are still decreasing, continuing a trend that since 2010-11 has seen one in five (21 per cent) Scottish dispensing practices close.

Scottish dispensing practices serve
Scotland's most remote and rural
communities, sometimes providing the
only source of medical care and NHS
prescription medicines for many miles.
Dispensing income also provides a welcome
fillip when a practice seeks to retain a GP
or when a vacancy arises. This income can
support extra sessions provided by a GP or
other healthcare professional – thus
reducing an individual GP's workload – and
it pays for the extra costs of service delivery
associated with remote and rural areas.

MSPs with a responsibility for rural communities are urged to do everything they can to protect rural patients and their rural dispensing GP service, ensuring Scotland's most challenging communities receive the health services that they deserve.

Rural dispensing practices need rural-proofed solutions

# How you can help...

With your help dispensing practice can be transformed into the fulcrum of integrated health and social services in rural areas.

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 under one roof.

This includes the operation of branch surgeries and near-patient tests for patients in rural areas.



**To the** residents of Lochcarron, a pretty village of white-washed cottages on the shore of Loch Carron in the Wester Ross region of Scotland, the medical practice is much more than a convenient source of healthcare services.

As one of Scotland's remaining 97 dispensing practices, the Ferguson medical centre is also a lifeline to the timely supply of NHS prescription medicines. Without its services, approximately 1000 patients living in Lochcarron and neighbouring villages would have to make a 45-mile round trip to the nearest community pharmacy.

Situated on the shore of Loch Carron, this gem of a town in the western Highlands offers peace and tranquillity, one of the world's most scenic rail routes, the Kyle Line, and a loch-side golf course. With an abundance of wildlife and scenery, Lochcarron is an ideal location for visitors and residents to explore further the west coast of Scotland with easy access to the Isle of Skye, Applecross, Torridon and Gairloch.

Medical care has been available at the village since at least 1932, and the current medical centre (operated by the Lochcarron medical partnership) opened in September 1992. Purpose-built, the building provides a pleasant and efficient environment in which to promote good health provided by a range of healthcare professionals. The current building is named after Dr Charles Ferguson who provided medical care in this area for over 40 years. Dr Ferguson died in December 1991 - just two weeks after the foundations of the new building were begun.

Since then, local residents have continued to enjoy an impressive continuity of care. Dr David Murray, who built the medical centre, was the practice's GP for 30 years.

Between them, today's GP partners Dr Iain Strath and Dr Lorna Macgregor have recorded almost 15 years' service at

# Caring in Loch Carron





The dispensary at Lochcarron keeps patients well and healthcare services running

the practice. They provide a full range of weekly medical and healthcare services (see box out, right) and their own out of hours service on four days each week.

It is the view of Dr Macgregor that the income from the dispensary plays a key role in funding the provision of two full time GPs and other healthcare professionals for this small practice. She says: "Lots of practices in the NHS Highland health board area struggle to recruit GPs but for us, the contribution of the dispensing income, plus the opportunity for partnership, and size and feel of the practice mean this practice has not had the same problems."

Having a full complement of healthcare professionals in the practice allows the team to cover the difficult local geography. Dr Macgregor says: "We travel bigger distances on much poorer roads than a more urban practice would."

#### One size does not fit all

It is for these reasons that Dr Macgregor urges MSPs to consider carefully the unique needs of Scotland's most remote communities when they consider the use of GP hubs when redesigning local services. Using the nearby road to Applecross - with its world-famous hairpin bends and single track passes - as an example, she says: "On paper, 17 miles does not seem that far between local practices – but this does not take into account the geographical barriers that we face."

She also urges policy makers to consider the effect on the rural GP's skillset, which can be called on to deliver routine and a wide range of emergency care. "It is not always better to replace GPs with other healthcare professionals as this can deskill the general practitioner and in the rural environment having the widest range of skills is important.

"Rural areas have their own needs, and these are completely different to those of the bigger city practices. We need different solutions. The one size fits all approach just doesn't work."

### Services provided by the Lochcarron Medical Partnership

- Childhood immunisation
- Influenza and pneumococcal vaccinations
- Minor surgical procedures
- Cervical screening
- Child health surveillance
- Antenatal care
- Contraceptive services
- Screening for preventable disease
- Chronic disease management

# **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