Minister pressured to act on DDA concerns

Welcome to this briefing paper from the Dispensing Doctors’ Association for MPs focusing on dispensing GP practice in England. The first of three to be published in England during 2014, its aim is to give you a better understanding of why rural patients are losing out on a much-wanted NHS service, and how you can help.

Reimbursement and the EPS are not “small beer” to rural patients

The Dispensing Doctors’ Association is calling on MPs to maintain the pressure on pharmacy minister Earl Howe to respond to the DDA’s concerns about reimbursement and exclusion from the Electronic Prescription Service. The minister has come under pressure

Cost of Service Inquiry undertaken by government in 2010 has not been acted upon.

Electronic Prescription Service: Connecting for Health has ignored the EPS software needs of England’s rural GPs and their patients.

You can keep this heart beating

A campaign underway by the Slaidburn Country Practice near Clitheroe, Lancs, makes clear the financial pressure affecting rural practices and their patients.

You can keep this heart beating

Patients at the Slaidburn Country Practice face the possible loss of their GP surgery due to underfunding

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Five main issues are currently of concern to patients using dispensing practices in rural area.

To understand more about the concerns that patients have, visit the ‘Current Issues in Dispensing Practice’ section of the DDA website at:

http://www.dispensingdoctor.org/category.php?pid=44

You can keep this heart beating

A campaign underway by the Slaidburn Country Practice near Clitheroe, Lancs, makes clear the financial pressure affecting rural practices and their patients.

Identified as one of 98 practices to be worst affected by the loss of special funding for very rural GP practices (The Minimum Payment Income Guarantee) from April 2014, the Slaidburn Practice has warned its 1,043 patients that they face losing their local GP services, as well as the many additional healthcare services that the practice provides.

Patients, who have described the surgery as “the beating heart of the valley” are said to be devastated by the loss of the immediate and emergency treatment available locally as they will be faced

with a 20-mile round trip to find replacement services should the practice be forced to close.

According to David Massey, HR manager at the practice, the Minimum Practice Income Guarantee forms a large proportion of the practice’s income and despite a phased withdrawal, the first cuts in April “may be enough to make the practice unviable”, he says.

Discussions with the area team, who have been tasked with putting in place

special measures for practices such as Slaidburn, offer little in the way of hope. Mr Massey says: “The area team have today confirmed that there will be no extra funding and that our only alternatives are:

1. To make efficiency savings
2. To merge
3. To federate.

“We are therefore back to where we started. Our neighbouring practices do not wish to merge with a “financially unviable practice” that is geographically remote and has a small number of patients spread across a large, rural area with poor access. We do not see any opportunities to federate that would come remotely close to saving enough money, and only by cutting almost all our staff would we cover the loss of the MPIG. Once again we are confronted by the prospect of closure in the near future only with the added burden of redundancy payments.”

Current issues in dispensing practice

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Dispensing practices embrace integrated care

NHS England’s Call to Action consultation on community pharmacy is expected to set out a number of potential new roles for pharmacists, including the management of long-term conditions including hypertension. The DDA is broadly supportive of such pharmacy services, seeing them as releasing capacity in general practice, particularly when the pharmacist is co-located in the GP practice, and effectively works as part of the practice team with appropriate access to the patient’s full medical history.

The DDA believes that co-location with pharmacies offers the following significant benefits to patients and the NHS:

- **Optimising patients’ use of medicines**
  - A pharmacist can provide an opportunity for patients to raise concerns or receive reminders about their condition and their medicines.
  - Pharmacy services are designed to formalise pharmacists’ contribution to patients’ pharmaceutical care.
- Close working relationships, and where possible, access to the patient record, allow the pharmacy team to serve as another line of communication between GPs and their patients, helping staff members to reassure patients and provide additional advice, and to be able to provide feedback to GPs in an informed, and formal way.

**Public health advice**

Thanks to the creation in England of the Healthy Living Pharmacies pathfinder project, pharmacists and their staff have received extensive training in providing public health/healthy lifestyle advice.

**Self care**

Self care supports a number of urgent healthcare strategic objectives, not least of which is reducing unnecessary use of GP and A&E services. Self care can be delivered in the co-located environment in the following ways:

- **Minor ailments** - passive information provision to encourage self care using over-the-counter medicines
- **Support for long-term conditions** - people with diabetes, for example, may require structured education on eating, exercise, etc., while those with depression may need cognitive therapy and behaviour change
- **Prevention** - a greater emphasis on behaviour change required, underpinned by information

**About dispensing practice**

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 England, dispensing doctors dispense to patients who do not have easy (or indeed any) access to a pharmacy.

The 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.

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