Parliament 2017: a mandate for the health of England’s rural communities

To change England’s rural communities, Elected MPs are asked to be brave, to be active, and to have your say.

1. Will you do all you can to protect the unique rural GP one-stop-shop service that improves people’s access to scarce healthcare resources?
2. Will you recognise that rural medical practices are the hub of their local communities, offering traditional family doctor GP services, creating skilled jobs for local people, and reducing social isolation?
3. Will you join in the lobby for urgent improvements to the rural infrastructure, particularly public transport and broadband?
4. Will you support the call for an updated rural NHS funding formula that recognises the increased costs of delivering a robust and resilient health service in rural areas?
5. Will you recognise that dispensing income is vital for the sustainability of high quality rural general practices?

On behalf of England’s most rural family GPs, the Dispensing Doctors’ Association challenges you to take five simple actions to secure the future of rural health services and safeguard the health of your rural constituents.

1. Why rural people value rural family doctors

There are many reasons why elected MPs should place a high value on family doctor practice in rural areas:

1. A unique one-stop-shop service

Rural GPs typically offer a range of extra services, over and above core NHS GP services. This recognises that specialist healthcare services are often difficult or impossible to access elsewhere locally. Home visits by rural GPs offer access to the surgery can be difficult for a large number of patients.1 NHS England has admitted that rural GP practices provide a unique service that requires unique solutions.

2. A community hub

Rural GPs are located in the centre of local communities. This allows patients to see a GP when they need to: increasing access to the surgery can be difficult for a large number of patients.1 NHS England has admitted that rural GP practices provide a unique service that requires unique solutions.2

3. Accessible services

Rural GPs offer usual GP appointments, including for elderly populations at risk of more complex healthcare conditions. When patients can see the same GP more than half the number rated as ‘inadequate’.10

4. Extra services

Major political parties recognise the increased costs of delivering primary care services, and that it is popular with patients, and has been shown by the regulator to deliver safer, more effective, more caring and responsive services, with better quality leadership. He adds, “out of date”. MPs must ensure the NHS funding formula is updated to recognise the unique rural service offering as a priority.

5. Vital dispensing income

Established, quality, cost-effective GP services: Dispensing GPs provide a unique, established and cost effective solution to rural health services. This is thanks to the income they earn from dispensing NHS medicines.

Why are Dispensing GPs valuable?

Dispensing GPs are located in England’s most rural areas. Due to the remoteness of their locations, dispensing GPs are able to supply vital prescribed NHS medication in areas where access to a community pharmacy is difficult, or non-existent. This income typically pays for the following selection of the ‘one-stop’ services provided by dispensing GP practices:

- Specialist healthcare services
- Injections
- Vaccinations
- Cost-effective on-site repeat prescribing and dispensing
- Dressings/wound checks
- Emergency medicine
- Medical supplies
- General practice
- Medicine dispensing
- Specialist medicine supplies
- Medicine dispensing based on full patient history
- Emergency healthcare services

Dispensing GPs are warmly invited to visit their local dispensing GP practice. Please contact the Dispensing Doctors’ Association to arrange a visit. Email: office@dispensingdoctor.org Tel: 0330 333 6323 Web: www.dispensingdoctor.org

“Be brave... have your say”

Dr Richard West MBE urges newly-elected MPs to be active, and to have their say on behalf of rural constituents. He says: “The current model of dispensing GP practice is proven as the most cost effective solution to delivering rural health services, and is popular with patients, and has been shown by the regulator to deliver safer, more effective, more caring and responsive services, with better quality leadership.” He adds,

Rural GPs provide much-needed skilled employment and training in areas identified by DEFRA as offering fewer skilled people and less access to training and to employment.3 GP partnerships offer career development potential in places with fewer employment opportunities.

Challenging infrastructure: DEFRA identifies that rural populations have the poorest access to services, compared to urban people, as a result of distance, transport links, mobile coverage and variable mobile coverage.4 England’s most rural GP practices are often where the public are furthest out of catchment areas in the UK, which presents the greatest challenges to the delivery of vital healthcare services.

Increased service costs: Major political parties recognise the increased costs of providing services in rural areas.8 NHS England has admitted that the formula currently used to calculate rural GP funding allocations, the Carr-Hill formula, is now out of date.4 MPs must ensure the NHS funding formula is updated to recognise the unique rural service offering as a priority.

3. Rural infrastructure challenges

Dispensing GPs are the hub of their local communities, offering traditional family doctor GP services, creating skilled jobs for local people, and reducing social isolation.10 NHS England has admitted that rural GP practices provide a unique service that requires unique solutions.2

5. Vital dispensing income

Established, quality, cost-effective GP services: Dispensing GPs provide a unique, established and cost effective solution to rural health services. This is thanks to the income they earn from dispensing NHS medicines. According to GP regulator, the Care Quality Commission, compared to non-dispensing GPs, dispensing GPs account for almost double the number of ‘outstanding’ practices and fewer than half the number rated as ‘inadequate’.6 The GP regulator typically congratulates outstanding dispensing practices for ‘going the extra mile’ for patients.

A key difference between dispensing and non-dispensing GP practices is the additional income received from the NHS dispensing service, which can be used to help cover the extra costs associated with staffing and equipping practices to deliver outstanding, patient-centred GP services.

Understanding the dispensing doctor difference...

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- Same day appointments
- Longer appointments
- Home visits
- Home deliveries
- Medicine supplies
- Specialist GP services
- Specialist medicine supplies
- Medicine dispensing based on full patient history
- Emergency healthcare services
- Specialist healthcare services
- Injections
- Vaccinations
- Cost-effective on-site repeat prescribing and dispensing
- Dressings/wound checks
- Injections
- Vaccinations
- Full range of GP health and well-being services

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Please ensure that any policy to restructure GP services does not damage the excellent and cost-effective service model already available in rural areas.

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Parliament 2017: your chance to change England’s rural health for the better!
Patients who have told the practice that they are very satisfied with the care they receive, from the practice, and its dispensary patients especially so: patients have given the three dispensing branch surgeries the highest patient satisfaction scores of all. With daily opening, extended hours available most days, and a same day service for patients with urgent needs, the practice offers GP contact hours totalling 47.5 hours each week. With over 81 of these hours offered in the practice’s three village dispensing branches, it is little wonder, perhaps, that patients say they are particularly satisfied with the time they are given by a healthcare professional.

 Patients using the practice also have access to community staff including community matron, district nurses, community psychiatric nurses, health visitors, physiotherapists, speech therapists, counsellors, podiatrists and midwives. As well as providing the services patients would expect from any general practice, the practice is able to offer a range of health check and self-help services as well as arrange for complementary therapies provided by independent practitioners and not funded by the NHS.

 GP partners are committed to preventive medicine and healthy living, and to providing fully integrated care. According to practice partner and dispensing lead GP Dr David Jenner, continuous investment in the practice staff and facilities has developed a practice that now has a firm focus “on keeping patients well instead of waiting until they sick”.

 GP inspectors have seen for themselves the efforts made by the practice to support people who are vulnerable: there is a walking group; vegetable growing at the practice; and a “knit and natter” social group held at the café on site. Inspectors felt this was crucial to developing well-being among patients, who were keen to tell the inspectors that they really enjoyed taking part.

 Patients are able to access vital dispensing services from the Uffculme Surgery, part of the College Surgery Partnership

 Dr Jenner is in no doubt about the factors that allow the practice to put patients at the very centre of its operations. He says: “Like all rural practices we struggle to stretch rural NHS funding allocations across the length and breadth of our catchment area to meet all our patients’ needs. Dispensing income makes a vital contribution to our outstanding practice. We urge politicians to come and see for themselves just how crucial a difference this income makes to our services, our staff, and to our patients.”

 Committed to patient care

 Working at the practice are 14 GPs, as well as five nurses, three health care assistants, two phlebotomists and additional reception and administration staff.

 References

 7. DEPTA: Rural proofing: practical guidance to assess impacts of policies on rural areas
 10. DDA Online article: Dispensing practices outperform the average, CCG ratings show

 About the Dispensing Doctors’ Association

 The Dispensing Doctors’ Association (DDA) represents over 6,600 doctors currently working in approximately 1,200 dispensing practices across the UK. It is the only organisation that specifically represents the interests of dispensing doctors and their 9.1 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

Dispensing GPs go ‘the extra mile’

 Describing the dispensing College Surgery Partnership in Devon as an outstanding rural practice, chief GP inspector Professor Steve Field, said: “This is one of the most innovative surgeries in the country. It is embedded in the local community with inspirational leadership.”

 Ruth Rankine, a chief GP inspector for the region, added: “College Surgery’s highly responsive service is a real asset to the people living in this part of Devon. Staff demonstrate a sound understanding of the differing needs of their patients and act on these needs in the planning and delivery of its services.”

 “Dispensing income makes a vital contribution to our outstanding practice” said Steve Field, said: “This is one of the most outstanding family GPs

 A family practice spanning a total of five branches located in rural mid-Devon, the College Surgery Partnership cares for a large number of patients. In total there are 16,800 patients living within a 120 square mile catchment area; with three of its branches designated as dispensing surgeries, 6,500 patients are also eligible to receive the GP dispensing service.

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