

NHS policy must support dispensing GP practices



Welcome to this briefing paper from the Dispensing Doctors' Association for MPs focusing on dispensing GP practice in Scotland.

The second of three to be published in Scotland during 2014, its aim is to give you

a better understanding of the problems affecting much-needed medical services in rural areas, and to help you ensure that rural patients are protected.

Protecting whole patient care

NHS policy in Scotland must be developed in a way that supports primary care to work to maximum efficiency and with 'whole patient' care in mind. When developing new policies for primary care, health ministers must take care not to do anything that negatively impacts on patients -



Pharmacy applications threaten dispensing services in practices such as the Castletown Group Practice, and, potentially, add to the cost of the NHS medicines supply in rural areas

or adds to the overall cost of care. Located in the most remote and rural areas, dispensing practices provide a range of general medical and other healthcare services - typically exceeding those available from prescribing only GPs and community pharmacies - as well as providing access to vital medicine supplies (see box below, left for more information)

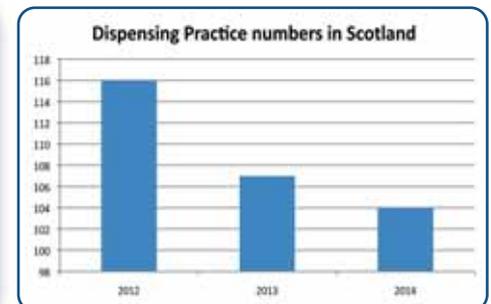
The funding for these services is supported by dispensing income, which allows rural practices to meet the extra costs of providing services in rural areas.



Services such as a free practice minibus or taxi services can also be funded out of dispensing income and these help ensure that no matter how rural or remote the location, or how partial the local public transport provision, rural patients can always have access to a full range of medical and healthcare services, as well as access to the treatments they need. In short, dispensing practices provide Scotland's most complex patients with a one-stop-shop for all their healthcare needs.

Healthcare services on offer in dispensing practice

- Same day appointments
- Longer appointments
- Contraceptive pill checks for patients aged under 30
- Dressings/wound checks
- Injections
- Leg ulcers
- Asthma care
- Diabetes care
- Travel advice and vaccinations
- NHS cardiovascular health checks
- Treatment of minor injuries
- General health check
- Advice on stopping smoking, weight control and other preventative health topics.



Cost efficient care

Referring ministers to dispensing doctor cost analysis (see below), Matthew Isom, Chief Executive of the Dispensing Doctors' Association, said: "This goes to prove what we have always said: that dispensing practices offer patients and taxpayers excellent value for money. This is why they remain so popular with rural patients and why we are very pleased to see the Scottish

Government recognise the importance of Scotland's dispensing practices in its review of the Scottish NHS Pharmaceutical Services (control of entry) Regulations in rural and remote locations."

Taking regulations forward

Since 2012, one in ten In Scottish dispensing practices has disappeared, taking away vital medical services from

some of Scotland's most remote areas. Currently, there are only 104 dispensing practices remaining in Scotland, providing accessible care to 4% of Scotland's patients. These practices are mostly located in Argyll & Bute (28), followed by the Highlands (23) and Dumfries & Galloway (13).

“ Pharmacy policy must ensure that the long-term future of services provided by the GP practice is not compromised ”

Cost efficient care

Quite rightly, NHS policy also demands efficiency savings of its primary care providers. Dispensing GPs are among the most cost efficient of the dispensing contractor professions. Recent data looking at the drug costs to NHS between April 2013 and January 2014 (taken from NHS Prescription services figures) shows that due to their fee structure, GP dispensaries are 4.5% more cost effective than pharmacies.

More information on the comparative costs of pharmacy and GP based dispensing can be found on the Dispensing Doctors' Association website at:

www.dispensingdoctor.org/comments.php?id=3149

DDA Chief Executive Matthew Isom says: "Many GPs across Scotland already have close working relationships with their pharmacist colleagues, and that is happening very effectively to the benefit of local patients. We favour the integration of pharmaceutical and medical services but pharmacy policy must ensure that the long-term future of services provided by the GP practice is not compromised."

Common sense prevails in the Highlands



**Common sense prevails:
NHS Highland preserves dispensing
at Castletown Surgery**

Common sense prevailed when the NHS Highland Pharmacy Practices Committee decided unanimously to refuse the pharmacy application in Castletown.

Thanks to the decision of the PPC, all 500 of the village residents will retain the convenience of the GP dispensing services, as well as the host of other clinical services offered by the practice.

At full strength, the Canisbay & Castletown Group Practice offers three GPs and a bank of nursing and practice staff (including 13 office/reception/dispensary staff) and it offers a

range of services to the local communities located in a substantial catchment area ranging from Thurso to Keiss, north of Wick and John O'Groats. There is extended opening from 7.30am and patients are able to book routine appointments usually within 48 hours - sometimes 24 hours - and there are always a few free slots each day to enable same day access when required, for example, for an ill child. Flexibility is also fitted into the nursing appointments, allowing patients easy access to services including:

- **Travel and general vaccination**
- **Physiotherapy**
- **Joint injections and simple lump excision**
- **Healthy living advice**
- **Sexual health and contraceptive services**
- **On site medicines supply**
- **Sharps (needles) disposal service**
- **Repeat prescription review.**

Dispensing income

As a result of the decision of the NHS Highland PPC, patients who use the group's Canisbay surgery will also retain the use of this local surgery and a local supply for their medicines - the service costs of which are supported by the income accruing from the practices' dispensing services.

The dispensaries in both sites have dispensers trained to level NVQ 2 and 3 standards and each step in the provision of drugs and appliances to patients is governed by Standard

Operating Procedures. Acute scripts are checked by the GP before dispensing, and routine (repeat) prescriptions are always checked by a second dispenser. A system of error monitoring and regular review is in place to consider if there should be a change to the Standard Operating Procedures via the use of a Significant Event Analysis. Prescribing is reviewed by the Health Board to ensure clinical governance.

Thanks to the income from the dispensaries, the group practice is able to recruit the best possible calibre of staff and according to GP Dr Hercules Robinson, more than half the income earned from dispensing is spent on the cost of providing the staff and the facilities to run two full time surgeries with two sets of staff in this very remote part of Scotland.

In his view, the practice would be very different without its dispensing income. He said: "With regard to Regulations, the Scottish Government has accepted that the current Regulations governing community pharmacy services are not fit for use. Alex Neil stated in response to a parliamentary question that the current legislation is absurd. The Government is aware of the unintended consequences of loss of dispensing for practices, especially those in rural settings. There is no doubt that these changes are designed to protect rural dispensing practices so they can continue to provide services to their communities."

Why the Pharmacy regulations need to change

As a result of successful pharmacy applications in rural areas served by a dispensing GP:

- **Bowmore on Islay:** Practice taken over, reducing patient choice of service providers
- **Carstairs:** This practice has merged with a neighbouring practice. Recruitment problems for merged practice
- **Isle of Cumbrae:** GPs resign. Practice run by long-term locums at considerable Health Board expense
- **Drymen:** GP to resign at the end of July, 2014
- **Leuchers and Balmullo:** Services at the Leuchers practice such as physiotherapy and practice nurse clinics have been wound down. The number of doctors in the practice has gone from 2.75 full time equivalents to 2 doctors.
- **Scalloway in Shetland:** The practice is continuing with emergency funding from the Health Board as a temporary measure and it is likely that the partners will leave and that the practice will be staffed with salaried and locum GPs
- **Tarves:** surgery closed in early September, 2012, a move attributed by the Haddo Medical Group as a direct result of losing dispensing rights in both Tarves and Pitmedden to TLC Pharmacy

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