

Rural practice: keeping people out of hospital



Scottish politicians need to find ways to support small rural practices. Failure to do so will see these vital hubs of community health services disappear, leaving patients in large, lowly populated areas with poor access to

healthcare, the Dispensing Doctors' Association warns MSPs as they seek support from rural voters in this year's general election.

Some 1.1 million peopleⁱ – over one in five of Scotland's populationⁱⁱ – live in remote and rural areas, and from their rural GP they enjoy the following unique contribution to healthcare provision:

- 24-hour care: many rural GPs continue to carry full responsibility for 24 hour care, and despite moves to shift workload to other professionals
- Scope of care: in many remote practices the GP also provides a variety of other services, e.g. GP-led specialist clinics in areas like dermatology and paediatrics, immediate (BASICS) care, medical support to search and rescue services. Some of this work is not contractually recognised despite requiring specific training.

Sustainable solutions needed

In a paper calling for sustainable solutions for remote and rural healthcareⁱⁱⁱ, Scottish GP representatives outline three action points for MSPs:

- To develop a new contract for GPs, which protects the viability of practices that provide care in remote and rural areas
- To recognise the role of dispensing GPs in remote and rural areas
- To eradicate current inequalities in access to good primary healthcare provision in rural areas.



The Aberfoyle Surgery was forced to stop dispensing to two in every three of their patients

this means...

- **Rural proofed funding:** the NHS in Scotland should develop new and rural-proofed funding mechanisms for general practice. GP workload has risen significantly while in real terms GP funding has fallen. This has disproportionately affected rural practices which usually have lower than average-size practice lists, which are spread over a large area and are often made up of an increasingly ageing population. Many rural practices often have more than one surgery premises in order to improve access to care for the frail and elderly. Inevitably this increases the staff patient ratio and associated costs.

According to the Royal College of GPs, between 2010 and 2013 the amount spent in general practice per person in Scotland dropped by 6% in real terms. It says: "Government needs to increase the share of NHS funding spent on general practice."^{iv}

- **Protection for dispensing:** GPs and patients are currently very concerned about loss of GP dispensing services in remote and rural areas. For example, in Aberfoyle, in NHS Forth Valley, surgery opening hours have almost been halved following cuts to the practice's dispensing rights. For more information on this practice, please see the next page of this briefing paper.

- **Equity of service access:** Due to the limitations of their contract, dispensing GPs are unable to offer dispensing patients equal access to the medicines optimisation services available to urban patients who access a pharmacy.

For references: see below

The DDA urges MSPs to act now, before rural communities suffer more losses to vital healthcare services. The Association says: "Nowhere is this more important for patients than in rural areas where travel to the nearest hospital is often a significant journey."

Aberfoyle and Buchlyvie: disadvantaged patients, devastated staff



Now there are only empty shelves at the Aberfoyle surgery dispensary

A challenging drive and an extended wait to get prescriptions dispensed. That is the fate of some patients in rural NHS Forth Valley since the Aberfoyle and Buchlyvie surgeries were forced to stop dispensing to two in every three of their patients.

The deleterious change in patients' circumstances follows the opening of a new pharmacy in the village of Aberfoyle at the end of 2014. Among the worst affected by the opening are those patients living in the furthest reaches of the pharmacy's catchment area and who need to visit their GP outwith the pharmacy's opening hours. According to practice GPs Drs Anne Lindsay and Shionagh Morrison, for these patients the new arrangements demand absolute reliance on a car – buses from the village of Aberfoyle do not run to these very remote areas – and a 45 minute drive down a challenging single track road to reach the pharmacy. For patients seeking the earliest and latest surgery appointments, outwith the pharmacy's opening hours, on top of this there may then be an extended wait to get their prescribed treatments.

Affected patients cannot help but compare this new situation to the earlier convenience of having a choice of two practice dispensaries, located in separate villages for ease of access, and with opening hours that always coincided with

their GP appointments. They also look at the new surgery opening hours, which have reduced from four full, plus one half day a week to five half days and see the reduced working hours of the staff, and wonder what has happened to the surgery that has been a full time member of their community for at least the past 40 years.

Loss of dispensing: What and why?

For the surgeries' patients the 'what?' question is easy to answer: the changes are a direct result of the decision by the local health board to allow a new pharmacy to open in the village. The 'why?', though, is much harder to answer. Under current regulations the health board is able to allow GPs to dispense to patients who still have 'serious difficulty' accessing medicines from a pharmacy. "If some of our patients are not now in 'serious difficulty' then I don't know who is," says Dr Lindsay.

More urgently, with severe winter weather now affecting Scotland, concerns have turned to the frailest and elderly patients, and what happens to them when the practice is closed. GP services such as asthma, diabetes, and minor ailment clinics, healthy living advice, blood pressure checks, and dressings all play a role in preventing unnecessary use of the local hospital's accident and emergency facilities. According to practice manager Rowena Boome, with the nearest hospital at least

one hour away by car "at best there will be inappropriate use of the NHS; at worst, a tragedy could happen. Before the pharmacy opened, we used to have two full time sites to care for these patients. It was the dispensing income that paid for that."

Ms Boome says that the effect of closing the dispensary has been to cause widespread upset, leaving and patients and doctors alike angry and worried about the sustainability of the practice. Dr Lindsay describes it as "unbearable" to see patients suffering so needlessly and she feels that decades of investment in the dispensary and on staff training have all been wasted. She feels that it is scandalous that there is no standard definition in Scotland of 'serious difficulty' and that health boards' interpretation of the Scottish regulations is a 'postcode lottery'. She feels it is simply wrong that dispensary closures are never reviewed – to ensure the correct decision for the patients has been made.

She says: "It is scandalous what is happening to GP practice; and I am far from convinced that the new regulations go far enough to protect vital medical services in rural areas. Politicians seem to have given up the fight for dispensing practice, but we cannot afford to be so complacent. When dispensing income is lost, the medical service can become unsustainable. GPs can leave, and they can be impossible to replace. None of this would happen if the health boards just left GP dispensing alone."

References

- i **National Records of Scotland 2011.** <http://www.scotland.org/about-scotland/the-scottish-people/population-of-scotland/>
- ii **2013-2014 Urban Rural Classification.** <http://www.scotland.gov.uk/Publications/2014/11/2763>
- iii **RCGP Scotland Policy Paper written by the Rural Strategy Group Scotland. Being Rural: exploring sustainable solutions for remote and rural healthcare.** <http://www.rcgp.org.uk/rcgp-near-you/faculties/rural-forum.aspx>
- iv **Helping to rural proof Health Policy and supporting the Rural Fair Share campaign healthcare.** <http://www.rcgp.org.uk/rcgp-near-you/faculties/rural-forum.aspx>

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