Dispensing doctors are general practitioners (GPs) who provide primary healthcare to nearly nine million (8.7m) UK rural patients. Nearly 3.6 million of these patients live remotely from a community pharmacy; at the patient’s request dispensing doctors are allowed to dispense the medicines they prescribe for these patients.

The unique benefits of the dispensing doctor service are that it provides access to medicines and general healthcare under one roof. This includes the operation of branch surgeries and near-patient tests for patients in rural areas.

What do patients think of the GP dispensing service?

When patients are eligible to choose to receive dispensing services from their GP, the overwhelming majority choose to do so. The 2008 DDA Patient Survey demonstrates patients’ preference for GP dispensing services. Since 2013 there have been a number of debates in Parliament regarding the need to offer choice of medicines supply to rural patients.

Who is eligible to receive GP dispensing services?

Only certain patients are eligible to receive dispensing services from a dispensing doctor; in England the majority of patients receiving the GP dispensing service will live in a controlled area and their registered residence will be located more than 1.6km from the nearest pharmacy.

The numbers:

Dispensing practice in England

- 1143 dispensing practices
- 4350 dispensing GPs
- 8.3m rural patients
- 3.27m patients eligible for the GP dispensing service
- 7% of all prescription items
- 8.2% cheaper than pharmacy on the cost of drugs

Sources:
- HSCIC data. NHS Payments to General Practice, England, 2013-14: Experimental Statistics
- HSCIC data January 2015: Numbers of Patients Registered at a GP Practice
- DDA website article. Dispensing GPs cheaper by £6+ per patient
All about Dispensing Practice in England
A guide for NHS service commissioners

What is the effect on a GP dispensing patient when a pharmacy opens within the locality?

In England, the effect on the GP dispensing patient of a successful pharmacy application is dependent on the size of the local population.

Any new pharmacy application in a controlled area, or in a reserved location with a population over 2,750, will be considered against the current pharmaceutical services regulations. These are based on a local Pharmaceutical Needs Assessment.

If the application is successful, the pharmacy will gain the protection of the 1.6km radius for their dispensing rights. Patients who live within 1.6km of the new pharmacy will usually then lose their right to receive the GP dispensing service (exceptional circumstances can apply).

If the total population living within a 1.6km radius of the new pharmacy is less than 2,750, patients who currently receive the GP dispensing service may choose to use either the GP dispensary service or the new pharmacy. This is known as a reserved location.

Due to the increased costs of providing healthcare services in rural areas, for the practice loss of dispensing-related income can jeopardise the overall range of healthcare services available to the entire practice patient population (including non-dispensing patients).

The current regulations governing GP dispensing services are:

What is a controlled locality?

A controlled locality is a geographical area judged to be rural in nature by NHS England. NHSE may review the rural status of an area; a review can also be requested by a Local Medical Committee and a Local Pharmaceutical Committee, providing no determination has been made in the previous five years. The five-year rule does not apply if there has been a significant change in the population or in the housing provision.

How does a GP become a dispensing practice?

Since March 2005, a practice can only apply to become a dispensing practice if it is located in a controlled locality outside a 1.6km radius of a pharmacy.

As a result of the maturity of the pharmacy network in England, there have been very few successful applications for new dispensing practices since 2005.