

# Meeting the unique needs of rural patients



New models of general practice proposed by NHS England do not take into account the unique needs of England's rural patients and the dispensing GPs who care for them. MPs must do all they can to support the vital service currently offered by England's dispensing GPs.



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## How you can help

To support rural patients, MPs must ensure that any new NHS policy affecting GPs:

- Does not discriminate against rural practices and their patients
- Assures a practice's dispensing status
- Delivers achievable and sustainable funding.

With your help dispensing practice can be transformed into a hub for the delivery of integrated health and social services in rural areas.

Why not contact the Dispensing Doctors' Association today to arrange a visit to a dispensing GP practice?

There, you will see for yourself the vital role these practices play in rural areas.

## Understanding dispensing practice

In England there are around 1,000 dispensing doctor practices, serving a patient population of around eight million patients. Located in the most remote and rural areas, dispensing practices provide a comprehensive range of general medical and other healthcare services, as well as access to vital medicines supplies.

Due to their remote and rural locations - and distance from other healthcare service providers - dispensing GP practices typically offer a wider range of healthcare services that are designed to keep people out of hospital.

At the request of the patient, dispensing doctors are allowed to dispense the medicines they prescribe for patients who live more than a mile from the nearest pharmacy. This service acknowledges that such patients may not have easy (or indeed any) access to a pharmacy and provides patients with access to medicines and general healthcare under one roof. This includes the operation of branch surgeries and near-patient tests. Such services are especially vital given the typically older demography of rural populations, and the well-documented relationship between older age and increasing healthcare need and complexity.

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Surveys of dispensing patients show that patients value the convenience and the higher quality of services provided by dispensing practices. In the modern NHS where patients are typically discharged quickly from hospital to be cared for in the community, it is especially important that all patients living in rural areas can access reliable and high quality services supported by sustainable and rural-proofed NHS policy. As MPs you have a vital role to play to ensure that continues to be the case.

## What are the NHS policy concerns?

The Dispensing Doctors' Association is concerned that current NHS policy for GPs, the GP Forward View, is not sufficiently rural-proofed to promote a sustainable and vibrant network of rural dispensing GPs. Like general practice elsewhere in England, dispensing GP practices are under pressure from falling income, but are facing increasing demand for services from an ageing population. As MPs will know, general practice performs 80 per cent of NHS contacts for just 8 per cent of the NHS budget.

The income from the GP dispensing service allows dispensing practices to meet the extra costs of providing services in rural areas - including the dispensing service that is provided by community pharmacies in urban locations. Income from dispensing also enables the dispensing practice to employ the extended teams of GPs, nurses and healthcare assistants required to meet the more complex needs of rural patients.

In short, dispensing income enables a dispensing GP to provide some of England's most vulnerable patients with a high quality and highly convenient one-stop-shop for all their healthcare needs.

But dispensing practice faces a number of issues that are yet to be addressed by the GP Forward View. Among the key unresolved issues for dispensing practices are the following questions:

- Does scaled-up general practice (eg, federations or other collaborative working arrangements) yield adequate profit and savings?
- Do any of the proposed models for practice 'at scale' take into account the remote geography of rural areas where practices are smaller, and patient populations more sparsely located than in urban areas?
- Does the non-recurring nature of the funding proposed by NHS England's Forward View plans promote sustainable practice in the long term?
- Do scaled-up model partnerships inflate the cost of a GP partnership and discourage the recruitment of GPs, particularly in existing recruitment 'not-spots'?
- Will scaled-up practice encourage pharmacy applications, to the detriment of local dispensing practices?
- Do proposed models for scaled-up practice protect the dispensing service?

The DDA would urge MPs to do their utmost to ensure these questions are answered, to give rural GPs and their patients confidence that they can continue to enjoy a valuable, high quality and completely sustainable rural GP service.

## Understanding the dispensing doctor difference...

The following are just a selection of the 'one-stop' services typically provided by dispensing practices:

- 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.

# Dispensing practices go the extra country mile



Delivering safe, proactive and cost effective care has become a signature characteristic of dispensing practice in England, according to recent reports from the GP regulator, the Care Quality Commission

**Analysis of** reports received from CQC inspectors shows that there are more 'outstanding' and fewer 'inadequate' dispensing practices than the average for England<sup>1</sup> and that dispensing practices around the country regularly demonstrate their willingness to go the 'extra country mile' to deliver compassionate care in their local communities. The following represent a small selection of recent reports of outstanding DDA member dispensing practices from the CQC:

## East Leake Medical Group, Leicestershire

**The East Leake Medical Group**, near Loughborough, Leicestershire, has been rated outstanding for its responsiveness and leadership. Assessing the practice for its responsiveness to people's needs, inspectors heard staff say that the practice put patients before financial concerns to provide its dispensing service because it wanted to "avoid people having to travel to receive their medicines". A survey carried out by the practice identified that all patients who used the dispensary were happy with the service, which allowed them to collect their prescriptions in a convenient location without having to undertake an extended journey on public transport.<sup>2</sup>

## Pendleside Medical Practice and the Castle Medical Group, Lancashire

**Two practices**, the **Pendleside Medical Practice** in Clitheroe, Lancashire, which shares a dispensary with the **Castle Medical Group**, have both been awarded outstanding ratings – for caring, responsiveness and the quality of its leadership.

Inspectors applauded the practices for procedures to monitor prescriptions that had not been collected, learning from incidents or 'near misses', and its systems to assess the quality of the dispensing process.<sup>3,4</sup>



The dispensary team which supplies patients at the Pendleside and Castle Medical Group surgeries ▲

## New Springwells Practice, Lincolnshire

**Rated outstanding** on measures of caring, responsiveness and the quality of the leadership, the New Springwells Practice, in Sleaford, Lincolnshire, was applauded for its policy of providing extra GP appointments, reception and dispensary services in times of high demand; patients told inspectors that they felt that staff 'went the extra mile'.<sup>5</sup>

## Alston Medical Practice, Cumbria

**The medicines** delivery service at the Alston Medical Practice in Cumbria (pictured below) also contributed to an outstanding rating for the practice. The practice was rated outstanding for caring and responsiveness. Inspectors heard examples of staff taking shopping or medication to house-bound patients, and checking up on patients who missed appointments.<sup>6</sup>



- References**
1. Dispensing Doctors' Association website article. Seven features of inadequate general practice. <http://bit.ly/1Xt33Ni>
  2. CQC inspection report. East Leake Medical Group. <http://bit.ly/1N6mriE>
  3. CQC inspection report. Pendleside Medical Practice. <http://bit.ly/1oTZxWY>
  4. CQC inspection report. Castle Medical Group. <http://bit.ly/1XCthgi>
  5. CQC inspection report. New Springwells Practice. <http://bit.ly/1Vj0q0U>
  6. CQC inspection report. Alston Medical Practice. <http://bit.ly/1VQWPYI>

## About the Dispensing Doctors' Association

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](mailto:office@dispensingdoctor.org) Tel: 0330 333 6323 Web: [www.dispensingdoctor.org](http://www.dispensingdoctor.org)