



Welcome to this briefing paper from the Dispensing Doctors' Association for MSPs on dispensing practice in Scotland. Its aim is to give you a better understanding of why rural patients are losing out on

a much-wanted NHS service and how you can help.

Since 2008 dispensing practice numbers in Scotland have been decreasing and over the past year (2012-13) this rate of decline has increased. Since 2008 Scotland has lost almost one in five of its dispensing practices, and in the past year alone nine dispensing practices have disappeared leaving just 107 to deliver a vital health service in Scotland's remotest areas. This loss equates, in one year, to 7% of the dispensing practices operating in 2008.

Why does this matter?

Dispensing GPs are located in the remotest areas of Scotland where they are often the only source of NHS medicines. In these practices, dispensing doctors provide a vital 'one-stop' medical service for patients by offering access to medicines and general healthcare under one roof, and a vital lifeline to healthcare services, which may be otherwise unavailable or distant to local populations.

Source: Information Services Division [online] at: http://www.isdscotland.org/Health-Topics/ General-Practice/Practices-and-Their-Populations/

Why are dispensing practices disappearing?

There many reasons why dispensing practices are disappearing across Scotland but current GP contractual arrangements relating to dispensing and the NHS Pharmaceutical Services Regulations in Scotland play a big part.

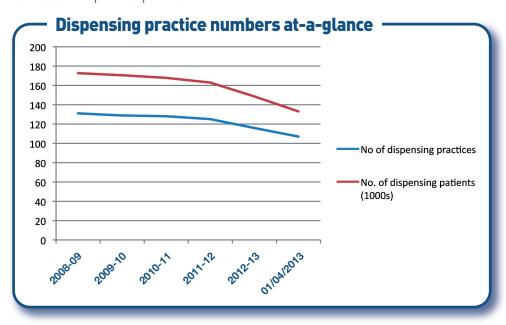
Dispensing income provides a vital income stream for GP practices in rural areas where the costs of delivering a rural healthcare service are higher than health board allocations can sometimes reflect. Where the increased costs of providing services across a large and remote area are not met by core GP funding, dispensing income makes up the shortfall, funding services that would otherwise be unsustainable in Scotland's most remote areas. This income resources surgery improvements that would otherwise not be made and it provides patients with

one-stop services all under one roof – which is important when patients are elderly, infirm and when they cannot rely on Scotland's public transport system or the clemency of its weather.

Yet, because of the way Scotland's NHS Pharmaceutical Services Regulations are written, dispensing doctors must give up this income and cease dispensing when a pharmacy opens in their neighbourhood. Between 2008 and 2013 this has been the outcome for almost 40,000 Scottish patients, many of them elderly and infirm. As Scotland's population ages, we can only forecast that more and more elderly patients will face the same fate.

All across Scotland dispensing patients feel they are being disadvantaged by the NHS Pharmaceutical Services Regulations. They believe it's time these rules were changed.

Can you help to make this happen?



Millport – a case study of when regulations go 'wrong'

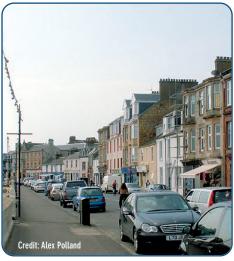
Patients all over Scotland have been affected by the loss of their GP dispensing services but none more so than the islanders of Cumbrae in NHS Ayrshire and Arran.

For as long as anyone can remember, patients on the island have enjoyed the 24/7 services of the Cumbrae Medical Practice in Millport. These were services that were provided by the three island-based GPs, over and above their contractual NHS obligations-because the local resident and seasonal populations required them, and the services could be funded by the extra income provided by the practice's dispensary.

But from April 5th, 2013, the practice was told to cease dispensing, following the opening of a pharmacy on the island.

Distraught at having to reduce their GP service in line with the practice's reduced income levels, the GPs felt they could not do this to their patients, and were left with no choice but to resign.

Since their resignation, the island practice has been operated by a team of locums funded by the local Health Board at great expense to provide normal and out of hours' services – services that were previously provided by the island resident dispensing practice doctors. There have been attempts to recruit new doctors to the practice but so far these have mostly been unsuccessful. As a result, patients are faced with a stream of unfamiliar doctors – some sourced at urgent short notice – and the need to make extra journeys around the island to get the medication they require.



Patients feel that the lack of parking and public transport in Millport compound problems for the elderly when attempting to access medicines from the pharmacy

The patient's view...

Patients of the Cumbrae Medical Practice in Millport on the Island of Cumbrae remain incredulous at the events which they believe have destroyed an effective working model.

Local patient Jean Kerr said: "For 40 years there has been co-operation between the surgery and the dispensary on the island. We had no fears that we would be stranded at night because there were GPs living on the island who both knew us all. With the prospect of salaried GPs running the surgery we believe it's likely to become a case of patients being treated by 'whoever's free'."

She says the local residents are astounded at the actions of the local NHS Ayrshire and Arran Health Board which they describe as a disaster for primary care services in the area. She says: "The surgery dispensary provided a one-stop shop for our medical needs – which is important to the elderly, and when the weather is bad. There's no public transport on the island and it can cost £8 to get a taxi, which is unsustainable for many on a pension.

"The sad thing is: Millport is not an isolated incident. There are problems all over Scotland. We just need our MSPs to get together and see the problem that we have."

How you can help patients

On November 9th, 2012, over 100 protesters travelled to Edinburgh to march and protest at the Scottish Parliament about the threat to the GP dispensary in Millport.

Among the protestors were 50 patients and GPs from the dispensing practice in Carstairs, which has also been affected by the opening of a local pharmacy. Similar problems have recently also affected patients in Balmullo (NHS Fife), Tarves (NHS Grampian) and in Killin (NHS Forth Valley).

As they stand, NHS Pharmaceutical Services Regulations allow Health Boards to consider whether there remains any need for a practice to continue dispensing for all or any of its practice population once a pharmacy application succeeds. However, the Dispensing Doctors' Association is unaware of any practices that have retained dispensing rights in a neighbourhood once a pharmacy has been allowed to open.

Scotland's NHS Pharmaceutical Services Regulations also allow for patients to be consulted as part of the pharmacy application process, yet, as the Millport case study shows, these views rarely result in a decision that reflects what patients actually want.

We feel your constituents deserve better than that and if you do, too, please contact the Dispensing Doctors' Association now.

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

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 MSPs 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