

# **RCGP Rural Practice Standing Group: response to the Pharmacy White Paper (England)**

**May 2008**

## **Summary**

The RPSG welcomes the broad thrust of the White Paper to improve the delivery and quality of Pharmaceutical Services for patients but have grave concerns about the impact of the suggested changes to the control of entry rules for doctors to dispense in rural areas and the potential impact on community pharmacies in some areas. We feel that if implemented as outlined in the White Paper this would result in large numbers of dispensing practices in England, possibly as many as 70%, losing their right to dispense. Around 2.5 million rural patients could lose the right to have their medicines dispensed by their family GP. Such patients have a high regard for the service they receive and the threat of loss is likely to trigger widespread discontent and protest in the rural communities affected. The loss of dispensing revenue could make many rural practices non viable in their present form and is likely to result in closure of many rural GP surgeries.

## **Community pharmacy**

The RPSG understands the DH intent to further develop the professional role of pharmacists beyond the core task of dispensing medicines. We welcome the DH desire to initiate discussion between the 2 professions to see how this might best be achieved. Whilst primarily a matter for the Pharmacy profession we have concerns that a change away from the current control of entry regulations might lead to many small independent pharmacies having to close which could lead to a reduction in local access to pharmaceutical services for many patients particularly the most vulnerable who are least able to travel. We believe the smaller independent pharmacies will be less able to compete to provide a wider range of services that the large pharmacy and supermarket chains can afford to provide.

## **Dispensing practices**

We welcome the DH proposal to allow dispensing practices to sell OTC medicines, both GSL items and "P" items. This would be of great convenience to patients and could result in a reduction in NHS prescribing for rural patients and would eliminate the current illogical anomaly. However the proposal to change the control of entry rules for dispensing practices would have the effect of disenfranchising possibly up to 2 million or more rural patients of their current right to get their medicines dispensed at their doctor's surgery. This would occur with out any provision for patient choice over the issue which is in stark contrast to the current government policy on extending choice for NHS patients.

Subject to the provisions of the Pharmaceutical Services NHS Regulations 2005, patients that live in rural areas, known as controlled localities, and live more than 1mile/1.6km from a community pharmacy can have their medicines dispensed from their GP surgery if those premises are registered with their PCO(s) as dispensing

premises. Paragraph 8.67 of the Pharmacy White Paper proposes that the regulations should be changed so that instead of a distance criterion between the patient and the nearest community pharmacy being the key criterion, that this be replaced with a distance criterion between the doctor's premises and the nearest community pharmacy. Given that large numbers of dispensing practices currently are located in rural "market towns" this would inevitably affect large numbers of patients who reside in rural areas.

The proposal that any patients that attend the dispensing premises under the terms of the revised regulations could be dispensed to regardless of their registered home address seems logical and equitable. However the White Paper does not make a distinction between acute prescribing/dispensing and repeat prescribing/dispensing. It is likely that any new regulations would still have to have criteria for eligibility for repeating prescribing/dispensing that depend on the patient's registered address, unless those regulations provide that patients could choose where they get their repeat medicines dispensed. Rural dispensing practices depend on the dispensing revenue to support the surgery premises and service provision. The larger part of that income comes from repeat prescribing/dispensing without which many surgery premises would become non viable. This would apply to many main dispensing surgeries and certainly all dispensing branch surgeries many of which provide full General Medical Services.

## **Conclusion**

The RCGP RPSG takes the view that the DH has grossly under estimated the impact that these proposals will have in rural communities. The current Regulations were the result of almost 10 years of constructive working between the medical profession, the pharmaceutical profession and the Department of Health and have brought stability to the provision of pharmaceutical services in rural areas. That stability is vital for General Practices in rural areas to plan and develop their services for patients.

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