

## **WOLVERLEY SURGERY – CHANGE TO GP DISPENSING LIST AND THE IMPACT ON PATIENTS**

### **1. Background**

Provision has been in place for many decades to enable a patient who has serious difficulty in accessing a pharmacy premises by reason of distance or inadequacy of means of communication to receive NHS dispensing services from a doctor instead.

In order to receive dispensing services through a doctor patients must meet the conditions set out in regulation 48 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations).

In summary dispensing doctors may firstly generally only provide pharmaceutical services to patients who live in a designated “controlled locality”, i.e. the area has been determined to be “rural in character”. Secondly they must live more than 1.6 km (as the crow flies) from a pharmacy. There are other conditions that are not relevant here.

### **2. Wolverley Surgery Dispensing List Review**

Wolverley Surgery were notified (initially in August 2014) that NHS England had checked their dispensing list and identified a number of patients who did not meet the distance rule above. The NHS England produced : Reviewing Dispensing Patient Lists – Standard Operating Procedures for Primary Care (June 2013) says that dispensing lists should be monitored on an annual basis, however Wolverley’s list had not been reviewed by NHS England in a number of years ( at least 15 years according to the Surgery’s knowledge).

Patients identified by NHS England as being ineligible to receive medicines due to the distance rule (i.e. they live less than 1.6 km as the crow flies from a pharmacy premises) were notified by the Wolverley Surgery. The surgery also sent with the notification letter an application to NHS England to be exempted from the distance rule.

In order to be exempted the patient must satisfy NHS England that they “*would have serious difficulty in obtaining any necessary drugs or appliances by reason of distance or inadequate means of communication.*” The application is considered by the Pharmaceutical Services Regulation Committee who decide on a case by case basis whether the criteria are met. There is no allowance for an appeal to this decision.

HWW have been made aware through the Surgery that a number of patients applied, in response to the letter from the practice, under the serious difficulty application process. Whilst some of these applications were accepted others were disallowed. Even though there is no right of appeal the Surgery encouraged 13 patients who had been refused under the serious difficulty rule to reapply. All of these were subsequently accepted and allowed to continue receiving medicine from the surgery. The Surgery is aware of instances where a husband and wife in the same household both submitted serious difficulty applications and one was refused, whilst the other was accepted. Residents within a sheltered housing block also had different outcomes to their application, with some being accepted and some not. Patients told us that people in the same street had different outcomes from their serious difficulty application.

The outcome of the Wolverley dispensing list review is that approximately 40% of the original 1,936 dispensing patients were removed from the list.

### 3. Impact on patients

This issue has been raised at the Wyre Forest CCG Patients Group, where it was reported that it has caused a great deal of distress to patients. HWW spent the day at Wolverley Surgery and we have heard from 17 patients who have been removed from the dispensing list. Anonymised patients stories are available, but due to the nature of these they are not attached here for reasons of data protection.

The sorts of impacts that we heard include:

- **Loss of choice** – patients had been using the dispensing service at the GP for many years, they described it as an excellent service. They said that they had confidence in it, that medicines were usually dispensed at the same time as the GP visit, and that any issues with medication could be quickly identified and resolved by people who knew them well. Patients also said that they enjoyed the social contact at the surgery, and for some prescription collection was an important part of their weekly routine to get them out of the house. They did not understand why they had to change they ALL wanted to stay with the GP dispensary
- **Distance** – as distance to pharmacy is measured “as the crow flies” it fails to take account of the actual circumstances of people trying to use the nearest pharmacy premises. This includes a steep uphill walk along narrow pavements on a busy road from the GP surgery; a poor bus service with a “round trip” taking up to 2 hours to complete and gaps in the bus service at certain times of the day. Patients were concerned about winter – making the journey in cold weather, with slippery pavements.
- **Concerns about the future** – some of the patients we spoke to were 70+ and had use of a car. They were concerned about the future, what would happen when they were unable to drive. Some had been refused under the Serious Difficulty application, they were of the view that the future had not been taken sufficient account of in the Committees considerations
- **Loss of independence** – some people will now be reliant on others to provide them with lifts, or having to take additional taxi journeys to collect prescriptions. A number of patients reported to us that they did not want to be dependent on other people and had resisted this in the past. One patient had changed GP Surgery to Wolverley because it had the dispensing service and this reduced the number of taxi trips the patient was required to make. The patient had access to a car through family members but did not want to ask them for lifts. Some patients may not wish other family members to know what medicines the patient is taking.
- **Lack of confidence in Prescription Collection and Delivery services** – some patients had signed up for a community pharmacy prescription collection and delivery service. 3 patients described difficulties with their first delivery, including items missing. One patient, who is a carer, cancelled the service as they did not trust that it would work for them. This has added to their stress and increased their caring responsibilities.

### 4. Escalation to Healthwatch England

HWW intend to escalate this issue to HWE on the following grounds:

- **This issue arises from national Regulations and cannot be resolved locally**
- **The decision removes patient choice** – patients are being told that they cannot use an available GP dispensing service due to distance from a pharmacy premises, yet patients can choose to register with a GP on the basis of convenience to them. This suggests that

commercial considerations are being given greater consideration than patient choice. This appears outdated and should be reviewed.

- **The Regulations are being applied retrospectively** – some patients at Wolverley told us they have been on the dispensing list for over 10 years. When lists were reviewed they were told they were no longer eligible. Patients are losing a valued service because of an inadequate monitoring process, rather than any changes to their circumstances. It may be accurate that they should not have been accepted onto the dispensing list under the current Regulations, but having been so they certainly should not be removed from it
- **Measurement of 1.6 km from a pharmacy “as the crow flies” takes no account of the reality of people’s journeys** – the nearest pharmacy is a steep uphill walk along narrow pavements on a busy road from the GP surgery; there is a poor bus service with a “round trip” taking up to 2 hours to complete and gaps in the bus service at certain times of the day.
- **The “serious difficulty” application helps create dependency and reduces self-management choices** – the application asks whether other people are able to assist the patient with collecting prescriptions etc. A number of the patients we spoke to valued their independence and did not want to be dependent on others (including prescription collection and delivery services offered by community pharmacies) for the collection of their medication. Some patients had chosen the Surgery because it had a dispensing service, and they valued being able to self-manage the process of collecting their medication, usually as part of one GP visit. This seem out of step with principles of self-care and prevention promoted in the NHS 5 year Forward View.
- **Lack of appeals process against refusal of serious difficulty application** – in Wolverley’s case 13 patients were initially refused under the serious difficulty process, but then accepted when further information was provided. How many more patients would this apply to if an appeals process was in place?
- **The implementation of the Regulations may breach the Public Sector Equality Duty under the “reasonable adjustments” provisions** – we would argue that disabled people should be able to choose to receive their medication from their GP dispensary and that this is a “reasonable adjustment” in response to their disability irrespective of the distance rule. We would be interested to have sight of any Equality Impact Assessment that was carried out in relation to these Regulations.
- **Composition of Pharmaceutical Services Regulation Committee** – HWE may wish to enquire as to the composition of these Committee’s, particularly in respect of patient representation.

HWW will inform NHS Arden Area Team of the escalation of this issue to Healthwatch England.