minor ailment schemes, better out-of-hours access to prescription medicines, including those for palliative care, urgent advice and the supply of emergency hormonal contraception. In this way, the policy on exemptions to market entry is aligned with the national priorities identified in the NHS Next Stage Review interim report and to be set out in the forthcoming primary and community care strategy, as well as demonstrating how access to a range of commonly needed out-of-hours services can be improved.

8.66 PCTs would negotiate with existing 100 hours per week pharmacies any necessary amendments to their current service provision.

Consent (market entry) for dispensing doctors

8.67 Given the Government's conclusion that commissioning development within PCTs is not yet at a stage where PCTs can be charged with full contractual responsibilities, there will remain a 'control of entry' regime. The Government believes that there are two principal concerns in relation to dispensing consent for doctors.

8.68 First, people's perceptions and expectations. The current regulatory system determines eligibility to receive dispensing services from a GP on the basis of the distance between the person's home and the nearest community pharmacy. This leads to the inequitable situation where, at the same GP practice, a patient who lives on one side of a road can receive convenient dispensing services from their surgery whereas a patient on the other side of the road cannot. This test can also fail to identify the actual distance a person has to travel when going from home to the GP and on to the nearest pharmacy. If the surgery and the pharmacy are in opposite directions, the distance travelled can considerably exceed the 1.6 km stipulated in the regulations.

8.69 Second, the proximity of dispensing practices to community pharmacies. Some people who receive dispensing services from their GP surgery walk past a community pharmacy on their way to and from the surgery, particularly in market towns.

8.70 Both issues could be resolved by considering new 'control of entry' equivalent rules for dispensing practices. For example, instead of the current considerations that take into account the locality and the distance between the individual patient's address and the nearest pharmacy, there could be a single condition relating simply to the distance between the surgery and the nearest pharmacy. This might appear more logical, as the person will usually travel to the surgery to see the GP. If a prescription is provided, they are likely to have it dispensed during that same trip.

8.71 If a dispensing practice met the new single criteria, then dispensing to all the practice's patients would be allowed. This would be far more transparent for patients and would facilitate other changes such as allowing patients to buy over-the-counter medicines from their dispensing practices (this would be unmanageable where only a proportion of patients could receive dispensing services). However, no patient would be

forced to have their medicines dispensed by their practice (the choice to go elsewhere must reside with the patient).

8.72 Transitional rules would be required and these would need to consider the financial impact on the GP practice of losing the right to dispense as well as the impact on pharmacy provision. Practices meeting the new criteria could find that they dispense to more patients, but the counter position is that those who do not meet the conditions will have to accept that they will need to wind down their dispensing role. Provisions for the removal of dispensing consent already exist in the pharmaceutical regulations and could provide a model for such a phased approach.

8.73 Consideration would, as now, need to be given to patients with travel difficulties (for example the housebound), where there is no home delivery service available. PCTs might commission home delivery.

8.74 The Government considers that the current process has significant inconsistencies but is aware that the current market entry arrangements in rural areas reflect previous agreements between representative bodies of pharmacists and doctors. **Therefore, the Government proposes that any changes to dispensing doctor market entry arrangements should be part of a wider consultation on elements of the 'control of entry' system itself, as proposed here. The consultation will also consider whether current regulatory arrangements can be streamlined so that dispensing consent in future is sought under a single regulatory route.**

Market entry for appliance contractors

8.75 The 'control of entry' system applies to appliance contractors as it does to pharmacies. Anne Galbraith's report drew attention to problems new entrants face. The main concern is that the current system, even after reform, effectively freezes them out of the market. It is difficult for a contractor who supplies only appliances to be able to gain entry because of the nature of their business. Such contractors do not necessarily provide services to the local neighbourhood. They are more likely to provide them to a much wider catchment area and often nationwide, rather like internet-based pharmacy operations.

8.76 To overcome this, Anne Galbraith reported that specialist commissioning of appliance contractor services is one approach that had been suggested, where either the SHA or a lead PCT takes responsibility for applications that will have benefits for a number of PCTs – not just the PCT in which the premises are based. An alternative that can be considered is the introduction of the concept of 'any willing provider' to the market – but only provided such a potential contractor meets agreed minimum standards and conditions for supply.

8.77 **The Government will come forward with options for reform of market entry arrangements for appliance contractors which reflect their more specialist market, following discussions with their representatives.**

19th June 08
Sent to Jamie Reid, Councillor Keith Hitchen, Councillors Clarkson, Councillor David Moore, Eileen Eastwood Seascale Parish Council, James Thomas Bootle Parish Council
+ 23/6/08 Sue Brown County Councillor

Dear Jamie

As a practice we are very concerned if the recommendations on dispensing practices contained in DH_083815 (Pharmacy in England: building on strengths - delivering the future) are implemented. We feel the effect of this on patient services in this part of Copeland will be that there will be a significant deterioration, with much poorer access and choice. There would also be an effect on the community in terms of loss of employment opportunities.

If the recommendations are implemented as described the practice would lose its right to dispense. As a result of this we would lose a considerable proportion of our income – that income maintains the viability of the practice. In simple terms the effect on this practice will be that we will need to lose *at least* the equivalent of a full time principal (GP) - because of the drop in income.

This in turn will lead to our inability to provide medical input into the branch surgery we operate at Bootle in a remote coastal area 14 miles from the surgery and a similar distance to the next surgery further south. Similarly there will be problems in covering the workload at our main surgery.

In addition the loss of our dispensing facility will result in major redundancy issues as we employ a number of staff in dispensing at Seascale (6 people equal to 3.5 wte) and in the operation of the Bootle branch surgery (potentially a further 4 people).

Indeed the consequences could be even worse than this and the whole viability of the Seascale Practice could well be called into question. This obviously would have a major impact on the community. There would be no medical practice between Egremont and Millom. Access and choice for our rural population would significantly deteriorate.

We wish to point out that dispensing provides the people of Seascale and Bootle with a medical practice that gives them both a good service and choice. We are already in effect a "one-stop shop" but without that dispensing arm to our rural practice it will have no viability. The effects of the proposed changes on rural practice and hence rural life have not been considered. Many rural practices will become financially non-viable and rural communities will lose their access to medical care.

Finally we would like to point out that we are proud of the high quality of our dispensing operation. We have invested heavily in training for our dispensing staff and recently an external inspection confirmed and congratulated us on the quality of the operation.

We would seek your help in dealing with this and would welcome discussions with you about this issue.

Yours sincerely

Dr Barrie Walker