Customer Services
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09/07/2008

DoH White Paper on Pharmacy
<u>'Pharmacy in England - Building on strengths-delivering the future'</u>
Dispensing at Seascale Surgery

Customer Services
Dear Sir

I would like you to investigate the effect that the White Paper "Pharmacy in England -Building on strengths- delivering the future" will have on the viability of our local surgery at Seascale, Cumbria.

The remuneration that the practice currently earns from dispensing is vital to the future of the Seascale Surgery and its branch at Bootle. The stopping of dispensing at Seascale would mean the closure of these surgeries and that would mean that the nearest practices would be 10 miles north in Egremont or 20 miles south in Millom. In a rural area this is entirely unacceptable, particularly with the poor public transport service we have.
There is in fact no bus service from Seascale to Millom at all.

I believe that the consequences of this White Paper on village life have not been considered and need urgent attention.

The ramifications of this white paper if pursued in this area are;

If the proposals in the above White paper are adopted they will have major ramifications for dispensing rural practices and will reduce patients' choice considerably. Particular proposals in the White Paper change the consent (market entry) rules for dispensing GP's and if there is a pharmacy in close proximity to a practice that practice will no longer be able to dispense to their patients. Currently we dispense to patients who live 1.6km from a pharmacy.

The financial viability of the practice is inextricably linked to our dispensing income. Loss of dispensing at Seascale would mean loss of dispensing at Bootle, reduced number of GP's and therefore the branch surgery would close. Ultimately the ability to provide a full range of services at Seascale would also be in jeopardy which could mean no GP practice between Egremont and Millom. This situation would be completely unacceptable for the population in this large area of South Copeland

There are just 9 months of consultation left before a new law is brought in which no longer allow doctors to dispense medication if the nearest chemists is less than a mile away.

Now Boots and Lloyds and Allied Chemists don't dispense medication just because they want to, they do it in order to make a profit that goes to the shareholders etc.

The money that the surgery currently earn by providing a dispensing service is all reinvested back into health care- be it staff or doctor salaries, or the surgery buildings or equipment etc.
If, instead of the money for dispensing coming to the surgery, it all goes to a Pharmacist, this will lead initially to the loss of the equivalent of 1.5 doctors---for instance not-replacing Dr Walker next year.
It will also mean the dispensary staff - who are villagers - will be made redundant.
If Dr Walker is not replaced we will not be able to keep the Bootle surgery open- which will mean that Bootle patients will have to travel up to Seascale or re-register at Millom.
This will mean that the Bootle staff will be made redundant.
The loss of the Bootle patients to Millom will mean that we will need to drop another doctor.
At this point the Seascale surgery becomes unviable and the practice will fold and the remaining staff will be made redundant and the remaining doctors will move away.

You will all then have the choice of the Millom or Egremont Surgeries.

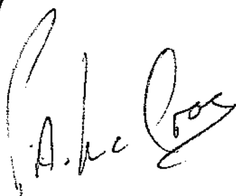
At this point we anticipate the loss of the doctors' surgery from the village will have the effect of, making the Pharmacy unviable too, as people going to Millom or Egremont will get their medication there, and the Pharmacy too will close.

At this point the village will have lost its doctors and its chemists and its shop.

I request that an urgent review of these proposals must be taken before it is too late.

Yours Sincerely

Peter McCrae.



Letters already sent to the following;

Mr J Reed MP
Ingwell Hall
WestLakes Science Park
Moor Row
Whitehaven
Cumbria
CA24 3,1Z

Mrs S Page
Chief Executive

Penrith Hospital
Bridge Lane
Penrith
Cumbria CA1 1 8HX

Ms D Primarolo MP
Minister of State for Public Health
Cumbria PCT Dept Of Health
Richmond House
London
SW1 2NS

Locality

Draft 23/6/08

I have asked for the final version of the letter that was actually sent & will forward when it is received.
[illegible]

Flatt Walks Health Centre
3 Castle Meadows
Whitehaven
CA28 7RG

Dear All

We are writing to highlight the fact that if the current White Paper on Pharmacy in England is adopted it will have major ramifications for the dispensing and rural General Practices in Cumbria.

In the Copeland locality we currently have three dispensing practices. Of these two are at serious risk of being destabilised.

One of these practices is currently the **only** provider of General Practice services to a large area of South Copeland; the short term effect would be the closure of a branch surgery. This would involve the laying off of staff, both clinical and dispensing including a reduction in General Practitioner numbers. The effect in the medium term could be much more profound as, due to the loss of finance, the viability of the practice will be at risk. This would leave a large area of South Copeland with **no** General Practice services between Egremont and Millom, which would be completely unacceptable for the population in this area.

Cumbria has a proven track record of cost effective prescribing when compared to other areas in the North West of England.

Experience of working with dispensing practices in Cumbria (Copeland) over the years has shown that practices, with the exception of a tiny minority, are committed to delivering a high-quality, cost-effective, patient centred service
This was clearly demonstrated by the monitoring reports of the Dispensing Services Quality Scheme and can be further illustrated using the following parameters

1. Below average cost per ASTROPU (weighted patient unit) for all prescribing

2. Investment in staff training and continuing professional development
   Attainment of BTEC and Buttercup NVQ standard qualifications
   Development of a dispenser checkers course locally
   Attendance at local training events

3. Highly developed medicine management systems resulting in above average Cumbria performance for
   28 day repeat prescription duration
   Generic prescribing
   Potential generic savings
   Dosage instructions
   Removal of redundant screen medication

4. Integration with practice systems allows development of quality initiatives to support practice in
   Drug monitoring
   Waste reduction
   Administration of patient direct supply schemes

It is becoming increasingly clear that for the NHS **one size does not fit all**. In counties such as Cumbria we have very different demographics and population densities to the cities and large urban conurbations. However we are being constantly asked to follow plans that may be the solution for the problems seen in large cities, such as the setting up of polyclinics and extending opening hours. Yet these models do not work well and are not needed in counties such as Cumbria.

We feel it is imperative that we in Cumbria have the option of continuing to have good quality cost effective G.P. dispensing, subject to them meeting an agreed set of quality standards and that any options do not undermine the viability of the General Practice services in Cumbria.

Yours sincerely

David Rogers
GP Locality Lead

PCT

BW/FGL

19th June 2008

Sue Page
Chief Executive
Cumbria PCT
Lonsdale Unit
Penrith Hospital
Bridge Lane
Penrith
CA11 8HX

Dear Sue

You will recall we wrote to you about how the recommendations on dispensing practices contained in DH 083815 could affect our practice and therefore the services for patients in the rural community in this part of West Cumbria.

We are aware of the issue being discussed in the PEC and the discussion that took place there. Indeed we are grateful for the support that was shown there.

However we are realistic enough to know that we need to plan for the worst-case scenario. It is important that we begin a dialogue with the PCT about this. We may need to consult on closing our branch surgery and we need to begin discussing redundancy with our staff. It is indeed possible that the practice as a whole would become unviable and we would need to discuss with you the implications of that. We look forward to meeting with either yourself or officials from the PCT to begin this dialogue and to plan for the future. The worst-case scenario is that the changes could take place from April 1 next year and therefore we would all need to begin planning now.

Yours sincerely

Dr Barrie Walker

PCT

The Pharmacy White Paper was discussed at the PEC meeting on 8th of May.

It was recognised that the White Paper makes sensible recommendations about the way in which community pharmacy can extend its role to contribute to healthcare delivery. However, there was concern about the implications for dispensing practices if there were to be a change in the "control of entry" requirements.

The PEC, strongly supported by Sue Page, has the general view that it does not wish to see the implementation of national policy in Cumbria if that compromises the delivery of quality healthcare to our population.

The discussion yesterday highlighted the consequences for some of our practices if the "control of entry" requirements were to change as suggested in the White Paper. For some there would be a reduction in Practice income, staff redundancies and, most importantly, a diminution in the quality of service provided to patients. The PEC does not wish to see general practice destabilised or patient care compromised.

The PEC resolved to make representations to the DoH and the SHA supporting the idea that the PCT should be given the responsibility for determining, on a case by case basis, the right of dispensing practices to dispense. There was recognition that this would require the development of robust criteria on which to judge individual cases and a small working group is in the process of being formed.

Yours sincerely,

Ian Mitchell (PEC Chair),
Jeff Rudman (GP Prescribing Lead),
Andrea Loudon (Medicines Management Lead).

Helen Raine
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Letter sent from Ian Mitchell Chairman Professional Executive Committee of the Primary Care Trust to the Strategic Health Authority Chief Executive re the Pharmacy White Paper

Dear Mike,

The Pharmacy White Paper

The Pharmacy White Paper (Pharmacy in England *Building on strengths – delivering the future*) was discussed at the Cumbria PEC on 8th of May and Sue Page has asked me to write to you to make you aware of the potential impact of the proposals in Cumbria.

The main body of the White Paper is focussed on how pharmacy can develop and expand its role (**Appendix 1**) and the PEC supports the proposals and general direction of travel.

A relatively small part of the White Paper looks at the complex "control of entry" system that regulates the provision of pharmaceutical services and, in particular, the right of a practice to dispense.

The suggested changes to the "control of entry" criteria are likely to mean that if there is a community pharmacy less than one mile from a dispensing practice, the practice will lose the right to dispense.

How will Cumbrian dispensing practices be affected?

In Cumbria there are 94 General Practices and, of these, 31 dispense to their patients.
14 of these practices will be unaffected because of their "rurality".
The remaining 17 practices will lose the ability to dispense – the majority of affected patients are patients of market town practices.

Are Cumbria dispensing doctors poor prescribers?

It can be argued that the proposed changes are about bringing back into line a sub-group of GPs who significantly boost their income by prescribing for profit rather than quality or cost-effectiveness.

However, the evidence from Cumbria (**appendix 2**) does not support the view that this behaviour is prevalent in Cumbria.

Cumbrian GPs have some of the best prescribing profiles in the region in terms of cost and generic prescribing rates. And it is significant that the prescribing profiles of the majority of dispensing doctors mirror those of their peers. Over the past few years, the profiles of the outliers have moved significantly closer to the norm as a result of peer group pressure and a series of initiatives to support dispensing practices.

The consequences

The loss of dispensing will, on average, lead to a 25-33% reduction in income for the 17 affected practices. This will be translated into a reduction in GP numbers, staff redundancies and in some cases, branch surgery closure (**appendix 3**) and the abandonment of premises developments (**appendix 4**).

In busy market towns such as Keswick, patients have already expressed their displeasure at the prospect of having to drive into the town centre and try and park into order to have their prescriptions dispensed instead of collecting them on the way out of the surgery after their consultation. They have a point.

These changes will affect approximately 20% of Cumbrian residents and, coming close on the heels of the proposed closure programme for rural Post Offices, have the very real potential to have the population marching on the streets to protect rural services.

Appendix 5 highlights the location, list size and parliamentary constituencies of the dispensing practices potentially affected.

Worryingly, implementation of the proposals will disengage a substantial number of GPs at a time when their continued involvement is critical to the delivery of the Closer to Home agenda.

The solution for Cumbria

The PCT does not wish to see the Cumbrian health economy destabilised.

The preferred solution is for the PCT to administer the "control of entry" system, based on locally agreed criteria.

These criteria would take into account the quality of prescribing in dispensing practices and the overall impact of any changes on wider service delivery in individual localities. This would provide a lever to drive up quality whilst at the same time avoiding the unintended consequences of the proposals such as branch surgery closures.

Design and administration of the system would be overseen by a group comprising the DPH, the PEC Chair, the Director of Primary Care, the Medicines Management Lead, the GP Prescribing Lead, a representative from both the LMC and the LPC and, importantly, the Associate Director of Public and Patient Engagement - it will be important to ensure public ownership of the process and the outcomes.

Ian Mitchell
PEC Chair
Cumbria

Cumbria NHS
Primary Care Trust

MEETING	PROFESSIONAL EXECUTIVE COMMITTEE
DATE	8TH May 2008
AGENDA ITEM	
TITLE OF REPORT	Pharmacy White Paper Briefing
BOARD ACTION REQUESTED	FOR INFORMATION and APPROVAL of way forward

EXECUTIVE SUMMARY

The White Paper, 'Pharmacy in England *Building on Strengths-delivering the future'*, published in April 2008 sets out a vision for building on the strengths of pharmacy, using the sector's capacity and capability to deliver further improvements in pharmaceutical services over the coming years as part of an overall strategy to ensure safe, effective, fairer and more personalised patient care.

Some key changes are recommended including the important focus on better commissioning of Local Enhanced services to meet population needs.

The Governments intention is to refocus commissioning away from dispensing services to a system which rewards high quality and innovative pharmaceutical services.

What are the implications for the following:-	
Financial	Within paper.
Risk (include risk register reference if appropriate)	Not applicable.
Legal	Not applicable.
Workforce	Opportunity to further develop the pharmacy workforce.
Equality and	No effect.

Human Rights	
Public engagement	At National level. Locally will be dependent if new services commissioned.
Partnership	Dependent on commissioned services.
Communication	Dependent on commissioned services.
What are the next steps?	
Under priorities for action.	

Which Cumbria PCT objective does this paper support?	Insert tick	Reference or standard number *e.g. Standards for better health core standard - Infection control* (if appropriate)
To work with others to improve health for the people of Cumbria	Y	
To make best use of all available resources	Y	
To achieve core standards and targets	Y	

DIRECTOR SPONSOR	
PRESENTED BY	Dr Jeff Rudman, GP Prescribing Lead
CONTACT DETAILS	andrea.loudon@cumbriapct.nhs.uk

BRIEFING REPORT ON PHARMACY WHITE PAPER: PHARMACY IN ENGLAND *BUILDING ON STRENGTHS – DELIVERING THE FUTURE*

Introduction

The White Paper, 'Pharmacy in England *Building on Strengths-delivering the future'*, published in April 2008 sets out a vision for building on the strengths of pharmacy, using the sector's capacity and capability to deliver further improvements in pharmaceutical services over the coming years as part of an overall strategy to ensure safe, effective, fairer and more personalised patient care.

Some key changes are recommended including the important focus on better commissioning of Local Enhanced services to meet population needs, making better and more effective use of resources to deliver the best outcomes and the need to harness new and developing technologies, such as Electronic Prescription Service (EPS).

It looks at how pharmacists-health professionals who have specific expertise in the use of medicines-and their staff are helping improve access to medicines and to promote their safe and effective use.

There is a strong theme of pharmacists being at the forefront of delivering the public health agenda.

The paper puts forward a number of proposals for changing the current structure to enable and lever change. The Governments intention is to refocus commissioning away from dispensing services to a system which rewards high quality and innovative pharmaceutical services.

The Government also intends to revise arrangements for new 100 hours per week pharmacies and its preferred option for reform, and considers the special position of market entry arrangements for dispensing doctors. This latter proposal is consider under a separate paper.

Context

There are 101 community pharmacies across Cumbria.

Since October 2005, under the new contract framework, each community pharmacy must provide Essential services (dispensing and repeat dispensing services, clinical governance activities, health promotion and healthy lifestyle advice, signposting to other services, support for self-care and disposal of medicines).

Providing the pharmacist and premises are suitably accredited, a pharmacy can also provide Advanced services. There is only one national Advanced service – Medicine Use Review (MUR) service.

The PCT commissions three locally Enhanced Services; extended hours; Emergency Hormonal Contraception and Palliative Drug Access. Supervised consumption of methadone and Needle Exchange are commissioned by the PCT via the DAT. Pharmacists providing Enhanced Services must be accredited by the PCT.

The White Paper

The document is 139 pages and is far reaching. In order to give the paper a resonance with Cumbria PCT the key themes have been listed under the following familiar headings;

Public Health

The Government sees pharmacies of the future being repositioned, recognised and valued by all as healthy living and health-promoting centres, promoting health literacy and NHS LifeCheck services, offering opportunistic and prescription-linked healthy lifestyle advice.

The paper also identifies an increased public health role of community pharmacies through provision of:

- Stop smoking services
- Sexual health services such as Chlamydia screening
- Access to contraception, including emergency hormonal contraception
- Immunisation
- Early detection of cancers

The Government also believe that community pharmacies are well positioned to provide the *vascular risk assessments* as outlined by the Government earlier this year. Pharmacies can also provide the general life-style advice for those assessed at low risk, through to specific programmes such as weight management and stop smoking for those at higher risk, to advise to consult a GP for those at the highest level of risk.

Promotion of good antimicrobial prescribing practice will help to prevent outbreaks of *Clostridium difficile* and limit the emergence of antibiotic resistant bacteria. Establishing consultant pharmacist posts across health communities can bring additional benefits in terms of the education of other health professionals.

Ongoing Care

About two-thirds of medicines prescribed are for people with an ongoing condition and studies have shown that about 50% of patients with ongoing conditions do not take their medicines as intended. The Government believes that support for people with ongoing conditions should develop beyond what is currently offered within the contractual framework.

An increased contribution can be made at all three levels of care for people with ongoing conditions;

Supported Self Care – actions include counselling people in the appropriate use of medicines and helping them feel more in control of their lives through appropriate information; and supporting problem-solving and building self-confidence to deal with everyday issues. Plus signposting to social care information and aligning care plans.

Disease Management – actions include detecting poor control of the medical condition; initiating action to avoid deterioration of the condition, such as suggesting a change in the medicines regimen; helping people optimise their treatment, using supplementary or independent prescribing; and where appropriate referring to other health professionals or social care. Examples include monitoring with dedicated clinics using prescribing or Patient

Group Directions to help control blood pressure & cholesterol, anticoagulation checks and support for people with diabetes.

Case Management – advising changes in treatment; picking up interactions between medicines and suggesting testing to determine the impact of medicines on the patient's medical condition.

The paper describes a *support service for people newly prescribed medicines* for an ongoing condition. People can experience problems early on; a recent study found a 40% higher rate of heart disease in those who gave up statins in the first two years of their being prescribed. The proposed support service will include pharmacists providing medication reviews and adherence programmes that support people prescribed new medicines from the outset by providing information, helpful reminders, advising on dose monitoring and any side effects.

The paper also identifies current services that could be improved such as *Medicine Use Reviews* (MURs) and *Repeat Dispensing* that would support people with ongoing conditions.

MURs are one-to-one conversations between people and their pharmacist that are designed to identify any problems a person is experiencing with their medicines. Although people have reported satisfaction with the service the longer term impact of MURs on improved compliance with prescribed medicines has still to be assessed. The Government proposes that a stronger provision is made for PCTs to prioritise MURs to meet their local health needs and that funding is structured to ensure that the service is targeted to those who will benefit the most.

The uptake of Repeat Dispensing has been disappointing. Latest data suggest that only around 1.5% of all prescriptions are issued to be dispensed in instalments through repeat dispensing. Yet it was estimated that more than 2 million GP hours could be saved every year by reducing the bureaucracy of issuing prescriptions. The Government wants further incremental implementation of Repeat Dispensing in support of the roll-out of EPS.

Unscheduled Care

The Government considers pharmacy to be a key provider of urgent care and out-of-hours services to people. However it identifies out-of-hours access to medicines was the single most important shortcoming in current service provision.

This could be improved by PCTs commissioning from local pharmacies:

- a supply of repeat medicines under a protocol to be developed between the PCT and the pharmacy; or
- an emergency supply at the request of the person at NHS expense, provided the pharmacist can be assured that this medicine is the appropriate for the person
- using local contracting routes to ensure co-location of pharmacies in the OOHs centres; and
- at times of high demand, sessional support from pharmacists at the OOHs centres.

Access to medicines can also be improved by establishing a *Minor Ailment Service* which allows pharmacists to supply medication, via a Patient Group Direction, to treat common conditions for which patients would normally visit their GP to obtain medication either because the medication is POM or because the patient receives free prescriptions and

therefore deterred from buying the medication over the counter. Such schemes also free up GPs time – 57 million GP consultations per year are estimated to involve minor ailments.

Closer to Home

Pharmacy has much to offer in helping to meet rising expectations-not only in promoting better health and preventing illness but also contributing to the effective delivery of care closer to home & the community.

One in twenty hospital admissions can be avoided with proper medicine use. Pharmacists have a critical role in promoting the safe use of medicines, in reducing inappropriate hospital admissions and ensuring integrated care supports patients as they move between hospital and the community.

Medicines reconciliation by pharmacists can reduce unintended mismatches between people's usual treatment and that prescribed on hospital admission and improved communication to community pharmacists on discharge can lead to a significant improvement in the continuity of medicines-related care.

The creation of new *'health community clinical pharmacy teams'* that include hospital, community and primary care pharmacists and pharmacy technicians will provide the infrastructure to enable more focused pharmaceutical care for those who would benefit most in the community.

Developing the workforce

In recent years, the pharmacy profession has developed radically;

- pharmacist independent prescribing – preceded by Supplementary prescribing
- pharmacists with Special Interests (PhwSIs) - dermatology, diabetes, drugs misuse and anticoagulant monitoring
- consultant pharmacists - paediatrics, mental health, older people, anti-infective, cancer, HIV and medicine safety
- pharmacists registered a defined specialists on the UK Public Health Register
- community pharmacists providing local clinical services – EHC under PGD
- pharmacy technicians - medicines reconciliation and medication counselling

While the developmental paths have opened up for the profession, this White paper proposes so much more. It also considers the undergraduate, post graduate and continuing professional development necessary to sustain a developing workforce.

To utilise the pharmacy workforce to the best effect the Government is proposing changes to the regulations that enable greater flexibility in relation to the pharmacist supervision requirements and particularly the requirement on the pharmacist to supervise individual dispensing transactions.

There will also be the formation of a new regulatory body for pharmacy, called the General Pharmaceutical Council (GPhC),

Strategic Commissioning

As medicines are the most common treatment intervention and most care pathways involve medicines, the Government recognises that early consideration of pharmaceutical governance and logistical requirements are key to successful service redesign.

The Government believes that - in keeping with the services offered by the best pharmacies – commissioning in the future must foster a shift away from the dispensing service – important as this will always remain – to more clinically focussed pharmaceutical services as set out in the White paper.

To realise this potential the PCT *pharmaceutical needs assessment* (PNA) should contribute to joint strategic needs assessments and ensure that community pharmacists are involved in local planning processes. PBC groups should involve pharmacy colleagues when considering redesigning care pathways or services to ensure that the opportunities to reduce unplanned hospital admissions, reducing time to treatment, achieving cost-effective outcomes and improving quality are not lost.

To help shift the focus from dispensing to clinical services the Government plan to introduce *Directed enhanced services* requiring PCTs to commission certain services from pharmacy contractors according to the local needs they identify and subject to suitable accreditation requirements and service quality standards.

Contracting

For the last 20 years contracts for pharmaceutical services are determined by the regulatory system known as the *Control of Entry*. In broad terms, an application will only succeed if a PCT considers it necessary or expedient to grant it in order to secure adequate provision of NHS pharmaceutical services. There are also exemptions to this test. The most popular exemption is that of 100 hour per week pharmacy.

There are considerable problems with this exemption as PCTs have lack of control and often there is no match between better access and local need. Therefore the government wish to review this exemption and will go out to consultation on proposals on distance restrictions and service specifications requirements.

Priorities for Action

1. Produce a Pharmaceutical Needs Assessment.
2. Explore with Public Health and Locality commissioners' potential pilot sites for Chlamydia screening and vascular risk assessments.
3. Work with locality commissioners to agree target areas for MURs.
4. Identify practices that issue Repeat Dispensing prescriptions and share good practice.
5. Explore with unscheduled care leads and clinicians in PCASs opportunities to improve patient access to medicines especially those with Minor Ailments.
6. Explore new ways of working for the PCT pharmacists with the Health & Social care teams.
7. Ensure that clinical pharmacy services are included in relevant business cases supporting Closer to Home.

Appendix 2

The remaining 17 are spread throughout the county as follows:

Locality	Practice	Town	List size	Spend/ APU	% Generic Items
Allerdale	Derwent House	Cockermouth	6609	£28.62	84
	Castlehead Medical Practice	Keswick	6077	£26.87	83
	Solway Health Ser.	Workington	5701	£33.79	84
Carlisle	Brampton Medical Practice	Brampton	14866	£27.69	86
	Dalston Medical Group	Dalston	5249	£33.71	81
	Warwick Square	Carlisle	2229	£29.75	75
Copeland	Seascale Health Centre	Seascale	5857	£32.32	83
	Trinity House	Whitehaven	2280	£44.50	82
Eden	Alston Medical Practice	Alston	2390	£29.91	84
	Upper Eden Medical Practice	Kirkby Stephen	6710	£32.54	82
South Lakes	Lunesdale Surgery	Kirkby-in-Furness	5978	£29.67	80
	Stoneleigh Surgery	Milnthorpe	6851	£28.91	85
	James Cochrane Practice	Kendal	15257	£27.68	81
	Station House Surgery	Kendal	12172	£30.81	82
	Sedbergh Health Centre	Sedbergh	3585	£31.12	88
	St Mary's Surgery	Windermere	6324	£30.94	77

Spend/APU

- North West average £35.02
- Cumbria average £30.36

% Generic prescribing

- North West average 83.5%
- Cumbria average 84.4%

Appendix 5

The location, list size and parliamentary constituencies of the dispensing practices affected by the proposed changes

Locality	Practice	Town	List size	Constituency MP
Allerdale	Derwent House	Cockermouth	6609	Tony Cunningham
	Castlehead Medical Practice	Keswick	6077	Tony Cunningham
	Solway Health Ser.	Workington	5701	Tony Cunningham
Carlisle	Brampton Medical Practice	Brampton	14866	David Maclean
	Dalston Medical Group	Dalston	5249	Eric Martlew
	Warwick Square	Carlisle	2229	Eric Martlew
Copeland	Seascale Health Centre	Seascale	5857	Jamie Reed
	Trinity House	Whitehaven	2280	Jamie Reed
Eden	Alston Medical Practice	Alston	2390	David Maclean
	Upper Eden Medical Practice	Kirkby Stephen	6710	David Maclean
South Lakes	Lunesdale Surgery	Kirkby-in-Furness	5978	Tim Farron
	Stoneleigh Surgery	Milnthorpe	6851	"
	James Cochrane Practice	Kendal	15257	"
	Station House Surgery	Kendal	12172	"
	Sedbergh Health Centre	Sedbergh	3585	"
	St Mary's Surgery	Windermere	6324	"