

**NORTH YORKSHIRE COUNTY COUNCIL
SCRUTINY OF HEALTH COMMITTEE
13 March 2020**

**Scrutiny Committee Brief: Repeat Medicines Ordering
NHS Vale of York CCG**

Summary

1. The NHS Vale of York CCG is rolling out a project to change the way repeat medicines are ordered. From the 1st of September 2019, GPs will begin to no longer accept repeat prescription requests from dispensing/appliance contractors (DC) such as a community pharmacy.
2. The purpose of our project is twofold: improving patient safety by reducing the risk of errors in what is dispensed, and to reduce the number of unwanted medicines being received by patients.

Background

3. Unwanted medicines pose a significant risk to patient safety. Patients with an oversupply of medicines may:
 - Consume medicines which are out of date due to the length of time they have been in their possession.
 - Consume incorrect medicines due to changes in their prescription.
 - Become confused and over consume their medications due to not knowing which medicines are relevant.
4. The causes of unwanted medicines include:
 - Repeat or habitual dispensing- medicines on repeat prescriptions are dispensed without checking if required.
 - Patient non-adherence- patients intentionally or unintentionally fail to adhere to instructions.
 - Stockpiling or over ordering- Patients habitually order every item on a repeat prescription regardless of need due to fear over loss of drug through non-use.
5. This initiative will help to increase patient safety and reduce medicines waste as GPs will have direct sight of the medications that are being requested and any anomalies can be identified. A number of complaints have been received from GP surgeries and patients regarding the pharmacy managed repeat prescription process leading to over supplies of medicines.
6. In March 2018, our neighbouring CCG, Harrogate and Rural District CCG, organised a medication amnesty. Patients were encouraged to bring in any unused or unwanted medicines they had in their cabinets at home. Over the course of 1 week over £15,000 worth of waste medicines were returned, highlighting the significant problem of waste medicines. We are aware we have similar issues in the Vale of York CCG.

Analysis

7. Nationally, the NHS is aiming to increase uptake of patients signing up to online GP services or the new NHS App which allows for ordering of repeat medication. The advantage of this is the process becomes more streamlined and there is a lower risk of error, as the process is all completed electronically. There are many areas across the country that have implemented this change and demonstrated that there was a reduction in prescribing costs which could be reinvested in other services.
8. These changes were discussed locally with GP practices and community pharmacies before implementation and on the whole, all parties were supportive of the project. There are still several options and choices for patients to choose from including:
 - Using GP online services or downloading the new NHS App onto a mobile phone or tablet device
 - Handing in the tear-off part of the repeat prescription in person to the GP surgery
 - Posting the repeat slip to the GP surgery
 - Ringing the GP surgery
9. We have made it clear to both GP practices and community pharmacies that we do not expect the managed repeat prescription service to stop for all, as there will be some vulnerable patients who will not be able to order online and are housebound and cannot get out to the GP practice and do not have a relative who can order for them. It is these patients who should be maintained on the present system. These changes were implemented in several neighbouring CCGs approximately 12 months ago and the feedback has been positive.
10. Leaflets and posters have been provided to community pharmacies, GP surgeries, and York Teaching Hospital Foundation Trust pharmacy for their discharge patients. Relevant information regarding the change has also been uploaded to the CCG website for patients to access. There are exemptions in place to minimise the risk of harm to patients, in particular patients who are identified as being vulnerable and in need of assistance from community pharmacies, the CCG has provided literature to GP surgeries (Appendix 3) and community pharmacies (Appendix 2) on how to identify such patients.

Engagement

11. In the development of this project, the following stakeholders have been informed:
 - Awareness raising to the local community, both on and off line, has taken place via:
 - i. Traditional media
 - ii. Digital / web based media
 - iii. Social media
 - iv. Face to face

- Local groups with memberships of people with a physical or learning disability (targeted work)
 - Local carers groups
 - Domiciliary care providers in the Vale of York area
 - YOR Local Medical Committee (GP representatives)
 - Local Pharmaceutical Committee (Pharmacy representatives)
 - All community pharmacies were sent communications detailing the proposal in June 2019 with further communications in early August, September and November
 - All general practices were sent communications detailing the proposal in June 2019 with further communications in early August, September and October
 - All community pharmacies and general practices were hand delivered information packs by the medicines management team and were able to identify and address any concerns in the process
 - Targeted work continues to engage local groups with messages about the new ways to order prescriptions
12. The changes were introduced on the 1st of September 2019; however the majority of GP surgeries aimed for a complete change by the end of November 2019. The purpose of this interval period was to ensure patients were informed and had time to change their ordering process where necessary.

The feedback so far on the project has generally been positive once an understanding of the purpose has been understood.

Implications and Risk management

13. The CCG's work that focuses on quality embraces three key components:
- Effectiveness of care – the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit.
 - Patient Experience – the patient's experience will be at the centre of the organisation's approach to quality.
 - Patient Safety – there will be no avoidable harm to patients from the healthcare they receive. This means ensuring that the environment is clean and safe at all times and that harmful events never happen.

To support the decision making and quality and safety assessments around this piece of work, the CCG has completed a Quality Impact Assessment (QIA). A QIA is a continuous process to help the CCG fully think through and understand the consequences of possible and actual initiatives including commissioning decisions, business cases, projects and other business plans. A QIA is undertaken as part of the development and proposal stage of developing business plans and is reviewed on a regular basis by the project leads, as part of reviewing the actual impact throughout the implementation stage and during the final review after the business plan has been implemented. Details from the QIA can be made available to you if you need them.

The CCG lead on the project has worked closely with CCG leads in other areas that have rolled out the project overcome and mitigate risks. An FAQ document has also been created to address concerns from healthcare providers and patients. This has been made available in Appendix 1.

Recommendation

14. Members are asked to:

- Appreciate and recognise the significant safety risks and costs associated with medicines waste and how this project will work to reduce this waste.
- Support the CCG project
- Share details of the project with their wards and member constituents

Reason

15. To ensure Health scrutiny are informed and consulted when reviewing and scrutinising the impact of commissioning service provision and policies of key partners on the health of the City's population

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Appendix 1:

Frequently Asked Questions

Q1: Is it unconstitutional to make these changes without consultation with patients or stakeholders?

No, The Health and Social Care Act, s14z2 details the levels of engagement and/or consultation that CCGs must use when changing services. The Third Party Managed Repeat medicine service is not being removed, only realigned.

The clinical commissioning group must make arrangements to ensure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways). The CCG has discussed the proposal with community pharmacies, GP surgeries, and has provided promotional material for patients to allow them to understand the proposal.

Q2: Why should pharmacies that offer a great and professional service have to change their systems?

There are several reasons why the change in policy needs to take place and these are primarily centred on the patient; their responsibility and medication compliance. Patients have to be fully aware of their medication, the reasons for it and the appropriate compliance with taking and ordering it. Unfortunately, this will mean some changes for pharmacies, but NHS Vale of York GPs are committed to working closely with pharmacies so that disruption can be minimised and the changes should reduce workloads for many pharmacies where patients take up online solutions and automate the process.

Q3: Will ordering by pharmacies be stopped completely?

No, GPs will work closely with pharmacies and together will ensure that patients that require additional assistance in the new system (Assisted Patients) will get special care and specific policies geared to their personal needs. This could mean that pharmacies continue to order on behalf of some patients, where all stakeholders agree that this is the best solution for a particular patient.

Q4: Why are the changes being made as it will not save money unless prescriptions are subsequently stopped for clinical reasons?

Firstly, it is possible that savings can be made without prescriptions changing. Where patients have medication and do not need to reorder in a particular period, improved engagement (i.e. less ordering when not required) will make savings.

Secondly, the changes intend to put more control and responsibility into the hands of patients; increased the engagement between patient and GP will improve compliance which consequently could also result in more frequent reviews and changes in prescriptions which again could result in savings.

Q5: What will be the impact on Pharmacy workload?

It is expected that as pharmacies will be ordering repeat prescriptions for fewer patients the workload should decrease for pharmacies. We envisage that this will lead to increased time that pharmacies can spend helping patients that have been identified as needing additional assistance and therefore increasing the quality of the service.

Q6: What rights do GP Practices have to prevent patients from choosing to ask pharmacies to help them order prescriptions?

Please see Question 1 in addition to this answer. All NHS organisations have a statutory duty to maximise safety and efficiency (reduced waste) as well as providing patient choice. Often, this requires judgement in order to satisfy all three criteria. The third party ordering of repeat prescriptions is not being stopped for all patients and there are still several options and choices for patients to choose from including:

- using GP online services or downloading the new NHS App onto a mobile phone or tablet device
- handing in the tear-off part of your repeat prescription to your GP surgery
- a letter to your GP surgery
- other ways to order may be available - please ask your surgery

In the situation where there are no choices for a patient due to their particular circumstances then GPs will look at these cases on an individual basis and make sure that that patient is not disadvantaged. These will be classed as “Assisted Patients” and the surgery can continue to accept third party orders for these patients where appropriate.

Q7: What will happen if patients run out of medicine and what are the risks of patients going some days or even significant periods of time without taking important daily medicines or inhalers?

It is very important for there to be excellent communication between GPs, Patients and Pharmacies to ensure patients understand any changes that might affect them and so order their medicines in a timely manner so that they do not run out. As detailed in Q3 Assisted Patients will have special considerations / support which will significantly reduce this risk.

If a patient has run out of medicine, they should seek a prescription from their GP for the medicines they have run out of. If their GP is closed, they should contact NHS 111 for an emergency prescription via the NHS Urgent Medicines Supply Advanced Service (NUMSAS).

Q8: What if patients have no online capability and are not mobile enough to make it to the GP Practice (i.e. they have mobility issues and live a lot closer to the pharmacy)?

With agreement from local practices, patients may be able to complete the request slip themselves and drop this off with their local pharmacy. The patient’s signature and date would assist the practices in knowing that the request had been initiated by the patient rather than the pharmacy. The pharmacy could deliver the patient’s request to the surgery. Patients may also be able to ask for assistance from their relatives or carers where applicable to order on their behalf from the GP practice.

Q9: How do you plan to communicate the changes to patients?

Each GP practice will communicate with patients through an array of communication channels. These will vary from practice to practice but will include leaflets, posters, letters, waiting room screens, GP appointment communication, emails, texts etc. These communications will begin at least 4 weeks before any changes are planned to take place thus giving patients the time they need to consider the implications and to ask their GP practice relevant questions.

Q10: What do you expect from pharmacies in terms of patient communication?

The primary responsibility to make these communications will be with the GP surgeries. However, it would make sense for all stakeholders including Pharmacies to display a poster and make leaflets available for patients. Where questions are asked, the patient can be referred to the patient information leaflet and if they require further information they can be signposted to their GP practice. This will help keep pharmacy impact to a minimum.

Q11: What do you expect of pharmacies if a patient does run out of medication?

Pharmacies will act as they do with existing systems – there are no changes to the existing emergency supply protocols.

Q12: Will the GP practice really be able to offer the level of clinical advice and support that I can as a pharmacist?

This realignment is not intending to remove the need for clinical advice with the pharmacist. Pharmacies will still have the opportunity to provide patients with clinical advice at the point of dispensing and collection/delivery and this will not change.

Q13: Why don't you just change to Electronic Repeat Dispensing – that would solve everything?

Electronic Repeat Dispensing is seen as a key tool to help improve efficiency and effectiveness. However, it is not a magic solution to solve all weaknesses in the current system. Electronic Repeat Dispensing will work well for low risk, standard medication that is typically taken unchanged over long periods of time and will therefore be used for a relatively small number of patients.

Many practices are actively seeking to increase usage of the Electronic Repeat Dispensing option.

Q14: How do I manage my workload effectively when I don't know when prescriptions were ordered so how do I know when the patient will come in for them?

In most cases repeat prescriptions will be received electronically via the spine and will therefore be available to download prior to the patient presenting for collection

enabling workload planning. It is not anticipated that pharmacy workload will increase significantly as a result of these changes.

Q15: As a pharmacy contractor, if I don't know what has been requested by the patient how do I know the prescription I receive from the practice is correct?

Increased automation of the process associated with online ordering is likely to increase the accuracy of transcription of the patient's chosen order through the process.

Q16: What happens if there are electronic items received which are done and then a printed one comes round a day later as delayed in signing and we have already delivered once?

Delayed prescriptions occur in the current system. Where patients have a regular order for a non-ETP prescription the pharmacy would expect this to arrive at a later time despite having not placed the order themselves. All practices will be encouraged to utilise the ETP service so this should minimise such instances.

Q17: How will patients know how to order online? And what about patients that are not tech savvy?

Practices are able to provide patients with information about how to login and use their online systems. For patients that do not have access to the appropriate technology other options are available for them dependant on each practice's policy (see Q6). If none of these options are suitable then they can be considered for continuation of Third Party ordering as Assisted Patients.

Q18: Will there be increased calls to practices when the changes are implemented?

Based on experiences of other CCGs that have already gone through a similar change in process, there is an increase in contacts in the few weeks before the implementation and about 4-6 weeks after the implementation of the changes. This is very normal for any system change. However, after this period, the new system quickly beds in and workloads actually reduce and clinicians then have more time to invest in advice rather than admin.

Q19: How does the nominated representative system work?

Family members and care home managers are able to request access to online services as a nominated representative with the patient's consent. This would allow patients to ask family members or close friends to assist them with the online ordering process if required.

Q20: Why don't GPs' remove 'when required' (PRN) medication from repeat templates to prevent these being ordered unnecessarily (so pharmacies could continue to request medication)

Practices may remove prn medication from repeat prescriptions however this means that when placing an order online, patients can only see items that appear on their repeat list. Removing prn items makes it a little more difficult for patients when they need to re-order as they need to type in a manual message that then needs to be interpreted by practice admin staff, offering increased potential for error.

Q21: Could the patient drop their prescription request personally off at the pharmacy and the pharmacy still submit this?

Please see question 8. This is a solution if agreeable with the practice, although some way of identifying that the request has been initiated by the patient would be needed e.g. patient signature and date.

Q22: What financial impact will this have on the pharmacy?

The change should reduce the pharmacy's workload in dealing with the management of patient's repeat prescription requests. Looking at the experiences of other CCGs, the project this would suggest that there is a reduction in over-ordering of some medicines as patients request exactly what is needed rather than a complete list each time. This has shown an overall reduction in items dispensed on average across a whole CCG. Given that engaging with every patient is time consuming is labour intensive the pharmacy should find that this resource can be used more effectively.

Q23: As a pharmacy, how will they know if there were any prescriptions to collect from surgery (non ETP)?

There is no change to prescription collection services therefore volumes should not change. Patients can still advise their community pharmacy if there are prescriptions that will need to be picked up.

Q24: How will patients that need additional assistance be managed?

Please see the answers to Q3, Q7 & Q21 in addition to the additional answer below. The CCG supports close working of GPs and Community Pharmacies; this is an important area for collaboration. By GPs and Pharmacies both communicating to each other who they believe have additional support needs, the best solutions can be agreed, patients coded appropriately in SystemOne and administration systems made efficient; so that patients have access to the appropriate service and support.

Q25: Will dosset box ordering be managed?

Patients with monitored dosage systems in many cases will meet the criteria for management under the continued third party ordering of repeat prescriptions scheme particularly as earlier ordering may be needed.

In some cases however the patient may still be capable of ordering their medicines themselves and this should be considered as an option.

Appendix 2:

Pharmacy guidance for identifying patients who may require additional assistance with repeat medication ordering- Assisted Patients

The CCG have asked GP surgeries to liaise with their local community pharmacies to identify patients who may need additional assistance from the practice or pharmacy to order their medicines. Identified patients will be referred to as “Assisted Patients”.

- Check with your local GP surgeries if they plan to implement the new proposal and restrict the ordering of repeat prescriptions for the majority of their patients.
- Make patients aware of the changes to repeat prescription ordering methods and where appropriate explain the changes to the patient. Offer an information leaflet where appropriate.
- Arrange with the GP surgery a named person to liaise with in case of any issues or exceptions.

Rationale

A person who may require additional assistance is an individual who is at risk of being unable to order or manage their own medication supplies due to life circumstances such as age, mental illness or capacity etc.

Patients who may require additional assistance to manage their medication ordering, either from the practice or from a pharmacy, **may be** those patients who have or are:

- Their medication dispensed in a dosette box
- Elderly housebound/ socially isolated
- Palliative care
- Serious mental health issues
- Learning disabilities
- Hearing or visual disabilities
- Language difficulties
- No access to family or carers to support them
- No access to the internet and have mobility issues in terms of attending the GP practice or pharmacy to drop off their repeat prescription.

This is not an exhaustive list and other patients identified by pharmacy staff as needing additional support in managing their medication can be added to the list.

Please note, if a patient receives their medication via delivery, they should not automatically be considered as housebound or socially isolated. Each patient should be reviewed on an individual basis against the criteria set out above before being considered as an Assisted Patient.

Method

1. Using the PMR, identify patients who could potentially be classed as Assisted Patients.
2. Summarise what makes them an assisted patient and contact their GP surgery.

3. Advise why you feel they need to be assisted and ask the GP surgery to consider them as assisted patients.
4. If the surgery is in agreement, ask them to make appropriate notes in their notes to ensure future pharmacy requests are approved with no issues.
5. Make a note in the patients PMR stating they are an assisted patient and this has been agreed with their GP.
6. Discuss the Assisted Patient status with patient and advise there will be no changes to their repeat ordering process.
7. All future repeat medicines requests for Assisted Patients should be clearly marked as Assisted Patient to minimise the risk of confusion.
8. Continue to review these patients and if their situation changes and they no longer need to be considered as assisted patients, advise the GP surgery.

Appendix 3:

GP guidance for identifying patients who may require additional assistance with repeat medication ordering- Assisted Patients

With the new proposals for repeat medicines ordering, it is important to identify patients who may need additional assistance from the practice or pharmacy to order their medicines. Please consider the following:

- Communicate with your local community pharmacies that you plan to implement the new proposal to restrict ordering of repeat prescriptions for the majority of patients. They have previously been advised of the change from the CCG directly.
- Let patients know of the changes to repeat prescription ordering methods, and the reasons why, before making the change. Please don't leave it to the pharmacies to explain the changes to patients.
- Provide the pharmacies with a named contact so they can liaise with practices about any issues and exceptions.
- Ask pharmacies to provide a rationale if they propose a certain patient to be an exception (who should keep getting their medicines ordered by the pharmacy) and the practice should communicate back the outcome of the practice decision with reasons why, so this can be communicated with the patient.

Rationale

A person who may require additional assistance is an individual who is at risk of being unable to order or manage their own medication supplies due to life circumstances such as age, mental illness or capacity etc. Such patients will be referred to as "Assisted Patients".

Assisted patients **may be** those patients who have or are:

- Their medication dispensed in a dosette box
- Elderly housebound/ socially isolated
- Palliative care
- Serious mental health issues
- Learning disabilities
- Hearing or visual disabilities
- Language difficulties
- No access to family or carers to support them
- No access to the internet and have mobility issues in terms of attending the GP practice or pharmacy to drop off their repeat prescription.

This is not an exhaustive list and other patients identified by practice staff as needing additional support in managing their medication can be added to the list.

Please note, if a patient receives their medication via delivery, they should not automatically be considered as housebound or socially isolated. Each patient should be reviewed on an individual basis against the criteria set out above before being considered as an Assisted Patient.

Method

1. Gain consent from the prescribing lead to carry out the activity
2. Agree the following with the practice manager and prescribing lead:
 - (a) How the patient will be informed – by phone call or by script note only
 - (b) How the information will be recorded in the patient's records
3. Inform the practice manager and any practice staff involved in the repeat prescription process of the details of the work being done, via a task on the clinical system
4. Search the practice clinical system for all patients aged over 18 years currently who have read codes for the following conditions:
 - Palliative care
 - End of life advance care plan
 - Gold standard framework
 - Best interest decision taken
 - On national service framework for mental health
 - Learning disabilities
 - Dementia
 - Alzheimer's disease
 - Memory issues
 - Other relevant codes

NB – **This is not an exhaustive list** and other factors such as Monitored Dosage System use may mean that a person would benefit from pharmacy assistance in ordering their prescriptions.

5. Review the patients' records accordingly to screen for exclusions listed below.
6. Possible exclusion criteria:
 - Patients who have a carer, who may be able to assist them with maintaining independence with ordering their medications from the GP practice.
7. Inform the patient about any changes to repeat medication ordering (as agreed in 2a). Please be mindful of additional support required for communication if English is not the patient's first language or they have specific needs (re: Accessible Information Standard).
8. Inform the community pharmacy of any patients that may require their assistance to order and/ or manage their repeat medications on a regular basis.
9. Add a patient reminder to the patients' home page on the clinical system, so that it is obvious to the practice staff that the patient may need assistance in managing their repeat medication (e.g. Patient is included on the practice register of Assisted Patients requiring community pharmacy assistance to order their repeat medications).
10. Document on the patient record why they are included on the Assisted Patients list that requires the assistance of pharmacy ordering schemes.
11. Review which patients remain on the list at regular medication reviews within the practice.

12. Community pharmacy contractors can highlight any patient who they think may require the assistance of pharmacy ordering schemes to the attention of the GP practice, via the prescriptions clerk to request they are included on the list. This must be agreed by the practice for inclusion on the list.
13. For patients identified as requiring additional support in ordering repeat medications by community pharmacy contractors and who are added to the list carry out points 7-10 above. This will ensure all parties are fully informed.
14. At the time of a patients routine medication review, ensure that all quantities and re-order intervals are appropriate, particularly for PRN medicines. Consider removing infrequently ordered PRN medicines from the repeat prescription list, particularly for high risk medicines (e.g. analgesics or hypnotics); advising patients that these can be requested at any time via the free text function online or by handwriting on the order form.