Agenda

Meeting: Scrutiny of Health Committee

Venue: Falsgrave Community Resource Centre, Seamer Road, Scarborough, North Yorkshire, YO12 4DH

Date: Friday 13 March 2020 at 10.00 am

PLEASE NOTE THE CHANGE IN VENUE

Recording is allowed at County Council, committee and sub-committee meetings which are open to the public, subject to:- (i) the recording being conducted under the direction of the Chairman of the meeting; and (ii) compliance with the Council's protocol on audio/visual recording and photography at meetings, a copy of which is available to download below. Anyone wishing to record must contact, prior to the start of the meeting, the Officer whose details are at the foot of the first page of the Agenda. Any recording must be clearly visible to anyone at the meeting and be non-disruptive. http://democracy.northyorks.gov.uk/

Business

Agenda items 5 and 6 are marked as to follow and will be available on the website on Tuesday 10 March 2020

1. **Minutes of the Scrutiny of Health Committee held on 13 December 2019**
   (Pages 6 to 13)

2. **Declarations of Interest**

3. **Chairman's Announcements** - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.
   (FOR INFORMATION ONLY)

4. **Public Questions or Statements**

   Members of the public may ask questions or make statements at this meeting if they have given notice to Daniel Harry, Principal Scrutiny Officer (*contact details below)* no later than

Enquiries relating to this agenda please contact Daniel Harry on 01609 533531
or e-mail daniel.harry@northyorks.gov.uk
www.northyorks.gov.uk

midday on Tuesday 10 March 2020. Each speaker should limit himself/herself to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

5. **Sustainable Future for the Friarage Hospital in Northallerton** – decision making and chronology – PRESENTATION – Simon Cox, North Yorkshire CCGs – TO FOLLOW

6. **Specialist services at Scarborough General Hospital** - update – PRESENTATION - Simon Cox, Director of Acute Commissioning, North Yorkshire CCGs and Maddy Ruff, Chair and Programme Director, Scarborough Acute Services Review, Humber, Coast and Vale Health and Care Partnership – TO FOLLOW

   a) General surgery provision at Scarborough Hospital – 6-month review of the provision of a single Trust wide rota
   b) Urology service provision at Scarborough Hospital
   c) Breast oncology services at Scarborough – 12-month review of the impact of the temporary transfer of the service to York Teaching Hospital NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust
   d) Oncology services at Scarborough Hospital - temporary changes to services due to shortages of consultant oncologists at Hull University Teaching Hospitals NHS Trust.

7. **Scarborough and Ryedale Community Services** - update – PRESENTATION - Clive Brookes, deputy COO and Vicky Scarborough, Deputy Director Business Development, Humber Teaching NHS Foundation Trust and Simon Cox, Director of Acute Commissioning, North Yorkshire CCGs

   (Pages 14 to 28)

8. **Whitby Hospital** – update - PRESENTATION - Clive Brookes, deputy COO and Vicky Scarborough, Deputy Director Business Development, Humber Teaching NHS Foundation Trust and Simon Cox, Director of Acute Commissioning, North Yorkshire CCGs

   (Pages 29 to 35)

9. **Work Programme** – REPORT - Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council

   (Pages 36 to 41)

10. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.

Briefing papers for information only

11. **Community pharmacies** – changes to the repeat prescription ordering process

    (Pages 42 to 55)

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)
County Hall
Northallerton

4 March 2020

NOTES:

(a) Members are reminded of the need to consider whether they have any interests to declare on any of the items on this agenda and, if so, of the need to explain the reason(s) why they have any interest when making a declaration.

A Democratic Services Officer or the Monitoring Officer will be pleased to advise on interest issues. Ideally their views should be sought as soon as possible and preferably prior to the day of the meeting, so that time is available to explore adequately any issues that might arise.

(b) **Emergency Procedures For Meetings**

Fire
On hearing the fire evacuation alarm you should leave the building by the nearest safe fire exit.

Persons should not re-enter the building until authorised to do so by the Fire and Rescue Service or the Emergency Co-ordinator.

Accident or Illness
First Aid treatment can be obtained by telephoning the main reception.

Scrutiny of Health Committee

1. Membership

County Councillors (13)				
	Councillors Name	*Chairman/Vice Chairman*	*Political Group*	*Electoral Division*
1	ARNOLD, Val		Conservative	Kirkbymoorside
2	BARRETT, Philip		NY Independents	South Craven
3	CLARK, Jim		Conservative	Harrogate Harlow
4	COLLING, Liz	Vice-Chairman	Labour	Falsgrave and Stepney
5	ENNIS, John	Chairman	Conservative	Harrogate Oatlands
6	HOBSON, Mel		Conservative	Sherburn in Elmet
7	MANN, John		Conservative	Harrogate Central
8	METCALFE, Zoe		Conservative	Knaresborough
9	MOORHOUSE, Heather		Conservative	Great Ayton
10	PEARSON, Chris		Conservative	Mid Selby
11	SOLLOWAY, Andy		Independent	Skipton West
12	SWIERS, Roberta		Conservative	Hertford and Cayton
13	WINDASS, Robert		Conservative	Boroughbridge

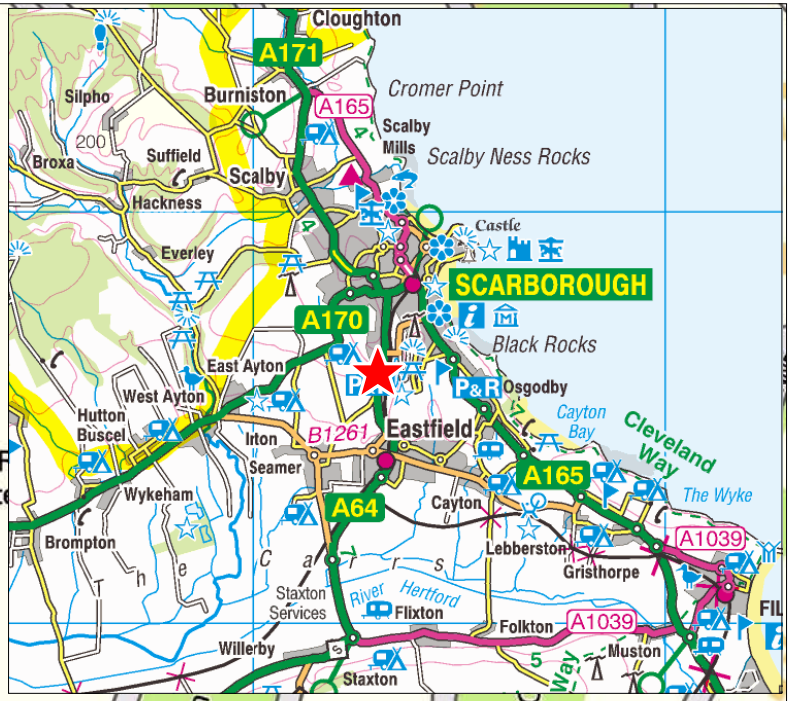
Members other than County Councillors – (7) Voting		
	Name of Member	*Representation*
1	HARDISTY, Kevin	Hambleton DC
2	SHAW WRIGHT, Jennifer	Selby DC
3	CLARK, John	Ryedale DC
4	TUCKER, Sue	Scarborough BC
5	IRETON, David	Craven DC
6	MIDDLEMISS, Pat	Richmondshire DC
7	MIDDLEMASS, Nigel	Harrogate BC
Total Membership – (20)		**Quorum – (4)**

Con	**Lib Dem**	**NY Ind**	**Labour**	**Ind**	**Total**
10	**0**	**1**	**1**	**1**	**13**

2. Substitute Members

Conservative		**NY Independents**		
	Councillors Names		*Councillors Names*	
1	BASTIMAN, Derek	**1**		
2	WILKINSON, Annabel	**2**		
3	MARTIN, Stuart MBE	**3**		
4	TROTTER, Cliff	**4**		
5	DUNCAN, Keane	**5**		
Labour				
	Councillors Names			
1	BROADBENT, Eric			
2				
		Substitute Members other than County Councillors		
		1	VACANCY	(Hambleton DC)
		2	VACANCY	(Selby DC)
		3	KEAL, Dinah	(Ryedale DC)
		4	MORTIMER, Jane	(Scarborough BC)
		5	HULL, Wendy	(Craven DC)
		6	HESLOP, William	(Richmondshire DC)
		7	WATSON, Tom	(Harrogate BC)

Falsgrave Community Resource Centre
Seamer Road
Scarborough
YO12 4DH



North Yorkshire County Council
Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on Friday 13 December 2019 at 10am.

Present:-

Members:-
County Councillors John Ennis (in the Chair), Val Arnold, Philip Barrett, Jim Clark, Liz Colling, Heather Moorhouse, Chris Pearson, Andy Solloway, Roberta Swiers and Robert Windass.

Co-opted Members:-
District and Borough Councillors John Clark (Ryedale), Kevin Hardisty (Hambleton), David Ireton (Craven), Tom Watson (Harrogate) substitute for Nigel Middlemass, Pat Middlemiss (Richmondshire) and Sue Tucker (Scarborough).

In attendance:-
Simon Cox, Director of Acute Commissioning, North Yorkshire Clinical Commissioning Group (CCG)
Maddy Ruff, Chair and Programme Director, Scarborough Acute Services Review, Humber, Coast and Vale Health and Care Partnership
Naomi Lonergan, Tees Esk and Wear Valleys Foundation Trust (TEWV)
Kirsty Kitching, Harrogate and Rural District CCG
Lincoln Sargeant, Director of Public Health, North Yorkshire County Council.

Executive Members: County Councillor Caroline Dickinson.

County Councillors: Derek Bastiman, Eric Broadbent and David Jeffels.

County Council Officers: Daniel Harry (Scrutiny), Louise Wallace (Health and Adult Services).

Press and public: Stuart Minting, Local democracy reporter, and one member of the public.

Apologies for absence were received from:
County Councillors Mel Hobson, John Mann and Zoe Metcalfe
District and Borough Councillors Nigel Middlemass (substitute Tom Watson) (Harrogate) and Jennifer Shaw Wright (Selby).

Copies of all documents considered are in the Minute Book

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107. Minutes

Resolved

That the Minutes of the meeting held on 13 September 2019 be taken as read and be confirmed and signed by the Chairman as a correct record.

108. Any Declarations of Interest

There were none.

109. Chairman's Announcements

The Chairman, County Councillor John Ennis made the following announcements:

Recently met with Colin Martin, the Chief Executive of Tees Esk and Wear Valleys NHS Foundation Trust.

Due to meet with Steve Russell Chief Executive Officer of the Harrogate and District NHS Foundation Trust and also Simon Morritt the Chief Executive of the York Teaching Hospital NHS Foundation Trust.

A Mid Cycle Briefing was held on 1 November 2019 and attended by Cllr Liz Colling and Cllr John Ennis. The following issues were explored as part of the development of the work programme for the committee:

- an overview of the two-year programme of collaboration between the Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust
- an overview of the current spending on Public Health services, the budgetary pressures and what changes to services are being considered or are underway
- changes to repeat prescription process to help reduce wasted medicines in the Vale of York CCG area.

The last two of these have been scheduled on the work programme for scrutiny at future meetings of the committee.

County Councillor Andy Solloway then gave an overview of the discussions at the meeting of the West Yorkshire and Harrogate Joint Health Overview and Scrutiny Committee meeting in Leeds on 19 November 2019.

110. Public Questions or Statements

There were none.

111. Scarborough East Coast Review - Update on progress with the review of services and any proposed changes

Considered -

The presentation of Simon Cox, Director of Acute Commissioning, North Yorkshire Clinical Commissioning Group (CCG) and Maddy Ruff, Chair and Programme Director, Scarborough Acute Services Review, Humber, Coast and Vale Health and Care Partnership.

Simon Cox updated the committee on the progress being made with the East Coast Review and explained the context for the review. The key points from the presentation are summarised as below:

- There are ongoing challenges around recruitment and retention of key staff
- The focus is upon the development of safe and sustainable services
- The buildings are out of date and do not enable new ways of working to be readily adopted
- Scarborough is 42 miles away from the next Accident and Emergency department. As such, there is still a need for an Accident and Emergency department at Scarborough Hospital and effective and sustainable general surgery provision

- The management of the general surgical rota over the York and Scarborough sites continues to work well
- Temporary changes to the Urology service were introduced in November 2019
- Work will be done to look at how Paediatrics and Obstetrics will be delivered in the long term
- The Clinical Senate for Yorkshire and Humber is involved in the review, providing advice on the emerging clinical models
- Final Clinical Senate report to be published in January or February 2020
- Services provided by Bridlington Hospital are also being considered as part of this review due to the links with the York and Scarborough Hospitals and the known patient flows
- £40million of capital has been secured enabling the Scarborough Hospital site to be developed in a way that enables new ways of working to be adopted that are safer, more efficient and sustainable
- A part time Engagement Manager is to be recruited to co-ordinate a programme of engagement with people who may be affected by any proposed changes to services
- Participating in a 'Small Rural Hospitals Network' that has been setup by NHS Improvement and the Nuffield Trust
- A key issue to be addressed is that of rapid access to diagnostics.

County Councillor Liz Colling asked a number of questions, including: whether Whitby Hospital would be included in the review; whether the Urology service would be repatriated back to Scarborough; and whether a full public consultation would be undertaken.

In response, Simon Cox said that the way in which Urology Services will be delivered is currently going through detailed consideration. What has become clear is that the complexity of and the risks associated with urology means that stand-alone Urology Services are not sustainable and that the preferred model is for services to be provided across a number of different sites. There will be a clearer understanding of what this means by January 2020.

Maddy Ruff said that engagement and consultation would take place as and when needed.

Daniel Harry confirmed that a full discussion on Whitby Hospital and the linked, integrated health and social care services would take place at the Scrutiny of Health Committee meeting on 13 March 2020.

County Councillor John Ennis invited those members of the Scarborough and Whitby Area Constituency Committee who were in attendance to ask any questions that they may have.

County Councillor David Jeffels asked whether there were difficulties in recruiting and retaining specialist staff in Scarborough.

Simon Cox replied that smaller hospitals have to work together in networks, rather than being stand-alone units that attempt to deliver all services. In many respects it is similar to the experience of rural schools and how they work in networks or federations.

Maddy Ruff said that the aim was to get to the point where Scarborough would be a good quality district general hospital.

County Councillor Eric Broadbent queried whether non-urgent operations would still be delayed if someone had a high BMI and/or smoked.

Simon Cox said that the aim was to ensure that people were healthier before undergoing surgery and this would benefit them in terms of recovery and outcomes.

District Councillor John Clark asked whether the environmental cost associated with the centralisation of services and the resulting increase in the number and length of patient journeys would be considered.

Maddy Ruff replied that the focus is upon where services can be safely and effectively delivered. The issue is not just the availability of a consultant but the quality of the site and facilities in which they are expected to work from and the support staff that are there.

Simon Cox noted that approximately 5% of all car journeys in the UK relate in some way to the operation of the NHS. As such, the NHS had a key role to play in tackling climate change.

The Chairman, County Councillor John Ennis, summed up the key points from the discussions and thanked Simon Cox and Maddy Ruff for attending. He said the committee welcomed the recent improvement in recruitment in the east coast area, and the appointment of the engagement officer, noting however that there was inevitably public concern about piecemeal reductions in services, with 'temporary' changes becoming permanent.

He welcomed the securing the £40 million of capital, and underlined the role that the committee could play in continuing to make the case for this.

He noted that two items relating to changes to specialist services at Scarborough Hospital were already scheduled for the committee meeting on 13 March 2019:

- 6-month review of the provision of a single, Trust-wide general surgery rota (briefing report for information only)
- 12-month review of the temporary transfer of breast oncology services from Scarborough to York and Hull (briefing report for information only).

Resolved -

1) Initial update on changes to the Urology Service at Scarborough Hospital to go to the committee Mid Cycle Briefing in January 2020 and then to be scheduled for consideration by the committee at a later meeting

2) Changes to Paediatric Services at Scarborough Hospital to go to the committee on 13 March 2020 or 19 June 2020

3) Details of the East Coast Services Review engagement process to go to the committee on 13 March 2020 or 19 June 2020.

112. Mental Health service provision for the population of North Yorkshire – overview of changes to services in Northallerton and Harrogate

Considered -

The report of Naomi Lonergan, Tees Esk and Wear Valleys Foundation Trust (TEWV) and Kirsty Kitching, Harrogate and Rural District CCG.

Naomi Lonergan updated the committee with the progress that had been made with the transformation of community mental health services in and around Harrogate including Wetherby and the closure of the in-patient wards at Harrogate Hospital. The key points are as summarised below:

- Public engagement work began in June 2019 and ran through to September 2019. The aim of this was to work with local people to develop a model of enhanced community services that would enable more people to be treated at home and to reduce the need for and use of in-patient beds
- There was general support for reducing the use of in-patient beds and re-investing the money saved into community services
- There were concerns regarding the movement of beds from Harrogate to York, particularly around travel times, distance and access. Also, support for carers and queries around services for people with Learning Difficulties and Autism.
- Reducing the number of in-patient beds will release £500,000 per year to invest in enhanced community services
- The new enhanced community model is likely to include: an extended working day for core community teams; an expanded home treatment capability 7 days a week; introduction of acute hospital liaison 24/7 releases crisis staff capacity overnight; and the removal of the Section 136 suite and introduction of alternatives to places of safety.
- A plan for the closure of the in-patient beds in the Briary Wing and the transfer of patients to community setting or the in-patient facility in York is under development
- It is anticipated that the changes to mental health services will be made by May 2020.

Naomi Lonergan said that that work had been done with the Leeds CCG to ensure that the needs of the Wetherby population were taken into account. A report is also going to be taken to the health overview and scrutiny committee at Leeds City Council in January 2020.

County Councillor John Ennis queried whether GPs had been involved in discussions about the proposed changes to services. In relation to the engagement process, he queried whether the west of the Harrogate District had been covered, e.g residents of the Pateley Bridge area.

In response, Naomi Lonergan said that there had been extensive engagement with local GPs and that, on the whole, they had been supportive of the proposed changes.

County Councillor Jim Clark noted that the Royal College of Psychiatrists had recently published a report that stated that there was a national shortage of mental health in-patient beds and that a further 1,000 extra beds are needed to meet identified need. In view of this, he asked whether there was the appropriate number of mental health in-patient beds in North Yorkshire.

Naomi Lonergan said that the need for mental health in-patient beds was under constant review. She said that there would always be a need for some in-patient beds but that the demand for them would drop over time as the enhanced community services being put in place meant that more people could be treated in the community and when people did need in-patient treatment it was for shorter periods of time.

County Councillor Heather Moorhouse asked whether the proposed service changes would create further workforce shortages.

Naomi Lonergan replied that a great deal of time and effort was being put into the development of the mental health workforce and transferring workers from the in-patient setting to community settings. Lessons had been learned from the closure of the two mental health in-patient wards at the Friarage Hospital. Work was also being done with residential and nursing care homes to upskill staff in the management of people with dementia and other similar conditions.

Naomi Lonergan said that there was a mental health course at the University of Coventry site in Scarborough, which was helping to keep people with an interest in a career in mental health services in the Scarborough area. She also said that local recruitment campaigns tended to be successful.

Borough Councillor Tom Watson asked who was responsible for transporting people who are undergoing a mental health crisis.

Naomi Lonergan said that it depended on the situation but an emergency admission would involve Yorkshire Ambulance Service and/or the Police. For all other admissions, then people tended to make their own way to the in-patient unit. Where they were on a low income, then the NHS Patient Transport Services may be available.

Borough Councillor Sue Tucker asked whether attempts were being made to reduce the use of anti-psychotic medication in residential and nursing care homes.

Naomi Lonergan replied that the Trust always looked to use the lowest level of intervention and was working with residential and nursing care homes.

County Councillor John Ennis sought confirmation that the Cardale Park site in Harrogate which TEWV had acquired would be used for a health and social care purpose rather than be open commercial development. He asked for an assurance that there would be detailed discussion with North Yorkshire County Council about options.

Naomi Lonergan confirmed that the site was intended for use for health and social care services and that such discussions were underway.

The Chairman, County Councillor John Ennis, summed up the key points from the discussions and thanked Naomi Lonergan and Kirsty Kitching for attending. He noted that two items on the development of mental health services were already scheduled on the committee work programme, as follows:

- 13 March 2020 committee – update on progress with the Northallerton Community Service hub and refurbishment of the Roseberry Park Hospital
- 19 June 2020 committee – update on progress with the Selby Community Service hub and the operational of the new hospital in York.

Resolved -

1) Come back to the committee on 19 June 2020 to provide an update on the development of enhanced community services in Harrogate and the surrounding area and the changes to in-patient care (closure of the Briary Wing and transfer to York).

113. Immunisation coverage in North Yorkshire

Considered -

The report of Lincoln Sargeant, Director of Public Health North Yorkshire County Council, and Kate Horsfall of Public Health England.

Lincoln Sargeant introduced the report and gave an overview of immunisation coverage in the county and how it compared to other areas. The key points from the presentation are as summarised below:

- The World Health Organisation (WHO) recommendation is for greater than 95% immunisation coverage for any of the routine childhood vaccinations
- Measles, Mumps and Rubella (MMR) 1st dose immunisation is good but 2nd dose is less good. It is important that a 2nd dose immunisation is taken up.
- Immunisation rates can be affected by access to and availability of GP services
- The region has higher than England as a whole rates of vaccination and immunisation
- Work is being done with primary care in areas where take up is lower
- There are some known inconsistencies in the recording of immunisations and so the performance is likely to be better that indicated in the report. However, these inconsistencies can impact upon the ability to follow up on 1st dose immunisations.
- Parental confidence in the national immunisation programme is strong and there is no evidence to suggest that anti-vaccine activity has had a major impact on immunisation rates nationally, regionally and locally
- Councillors can have a role to play in raising awareness of the benefits of the immunisation programme.

Lincoln Sargeant explained that measles is a highly contagious disease and that prior to the introduction of a measles vaccine in 1963, there were approximately 500,000 cases of measles a year in the UK. WHO data states that in 2018, there were more than 140,000 measles deaths globally, mostly among children under the age of five.

County Councillor John Ennis queried whether low take up of immunisations was linked to deprivation.

In response, Lincoln Sargeant said that there was no obvious link between immunisation take up and deprivation in the county. The key issues tend to be trust and how proactive GP practices are with immunisation programmes.

County Councillor John Ennis noted the high levels of take up of the MMR vaccine and that parents and carers did not appear to have been influenced by the now widely discredited piece of research that had suggested a link between MMR vaccination and Autism.

Lincoln Sargeant reiterated that it was important that trust and confidence was maintained in immunisation programmes.

The Chairman, County Councillor John Ennis, summed up the key points from the discussions and thanked Lincoln Sargeant for a very informative presentation.

Resolved -

1) That committee members take the opportunity to encourage people to take up vaccinations that are offered to them, particularly influenza, and also refer people to NHS information sources, such as 'NHS Choices'.

114. Work Programme

Considered -

Daniel Harry, Democratic Services and Scrutiny Manager, North Yorkshire County Council, introduced this item and asked Members to review the work programme and make suggestions for areas of scrutiny for inclusion on the work programme.

District Councillor John Clark queried what progress was being made by the committee regarding the scrutiny of children's mental health services in Scarborough and Ryedale.

Resolved -

1) Daniel Harry to update the committee work programme accordingly and develop lines of enquiry for each scrutiny item

2) Daniel Harry to follow up on the item on children's mental health services in Scarborough and Ryedale as a matter of urgency.

115. Other Business which the Chairman agrees should be considered as a matter of urgency because of special circumstances

There were no items of other business.

116. Building a Sustainable Future for the Friarage Hospital, Northallerton – update on progress with the public consultation

This report was not available until the day of the meeting, due to concerns about purdah. A hard copy of the report was distributed to the committee members. The report was taken as for information only and did not form part of the discussions at the committee. Any queries were to be directed to Daniel Harry.

117. Patient Transport Service – changes to the application of eligibility criteria – review of first 12 months of operation

The report was taken as for information only and did not form part of the discussions at the committee. Any queries were to be directed to Daniel Harry.

The meeting concluded at 12:06pm

DH

Humber Teaching
NHS Foundation Trust

Scarborough and Ryedale Community Services Update

Scrutiny of Health Committee

13th March 2020

Our Mission

We are a multi-specialty health and social care teaching provider committed to ‘ Caring, Learning and Growing’

Our Values

CARING	for people while ensuring they are always at the heart of everything we do
LEARNING	and using proven research as a basis for delivering safe, effective, integrated care
GROWING	our reputation for being a provider of high quality services and a great place to work

About Us

- We employ approximately 2,700 staff – operating across four divisions:
  - Mental Health
  - Specialist Services
  - Primary Care, Community,
  - Children's & Learning Disability Services
- We deliver our services from more than 70 sites across Hull, the East Riding and North Yorkshire
- Host provider specialist learning disability (forensic out-reach) services and perinatal
- Membership organisation – 16,000 members
- Our annual budget in 2019/20 is £130m

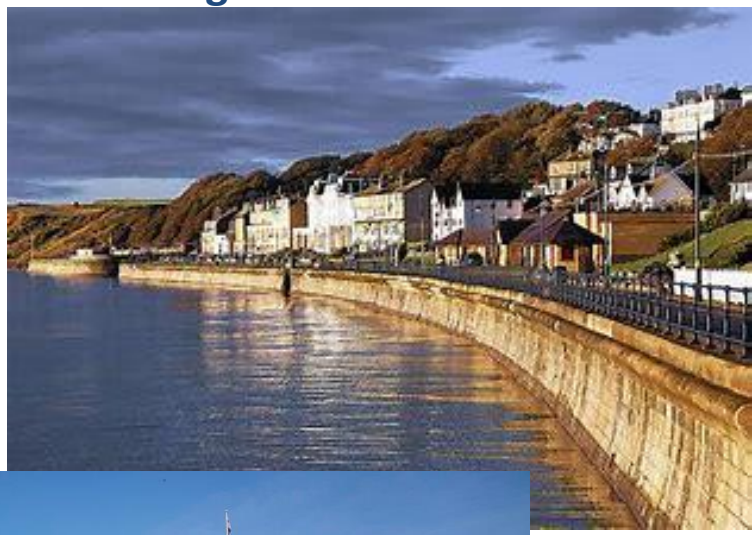
Scarborough & Ryedale Core and Specialist Service Provision

- Rapid Response: Multi-Disciplinary Community Team support (8am—8pm)
- District nurses: nurses and healthcare assistants (8am—10pm)
- Community therapies: physiotherapists, occupational therapists and generic support workers (8am—10pm)
- Holistic, multi-agency community frailty pathway, including Pharmacy support and Elderly Medicine
- Respiratory Team and Pulmonary Rehab Service (patient classes)
- Home Oxygen Delivery Service
- Cardiac and Cardiac Rehabilitation Service (patient classes)
- Heart Failure Clinical Nurse Specialists (CNSs)
- Diabetes CNSs and Diabetes Education Service
- Continence Service and Continence Product Service
- Tissue Viability CNSs
- Dietetic Service
- Speech and Language Therapy
- Musculoskeletal Out Patient Service (MSK)
- Community Stroke Service
- Inpatient Ward – Fitzwilliam Ward, Malton Hospital
- Customer Access Service (CAS)

Scarborough and Ryedale Community Services Hub re-alignment to S&R PCNs September 2019

Scarborough Core PCN

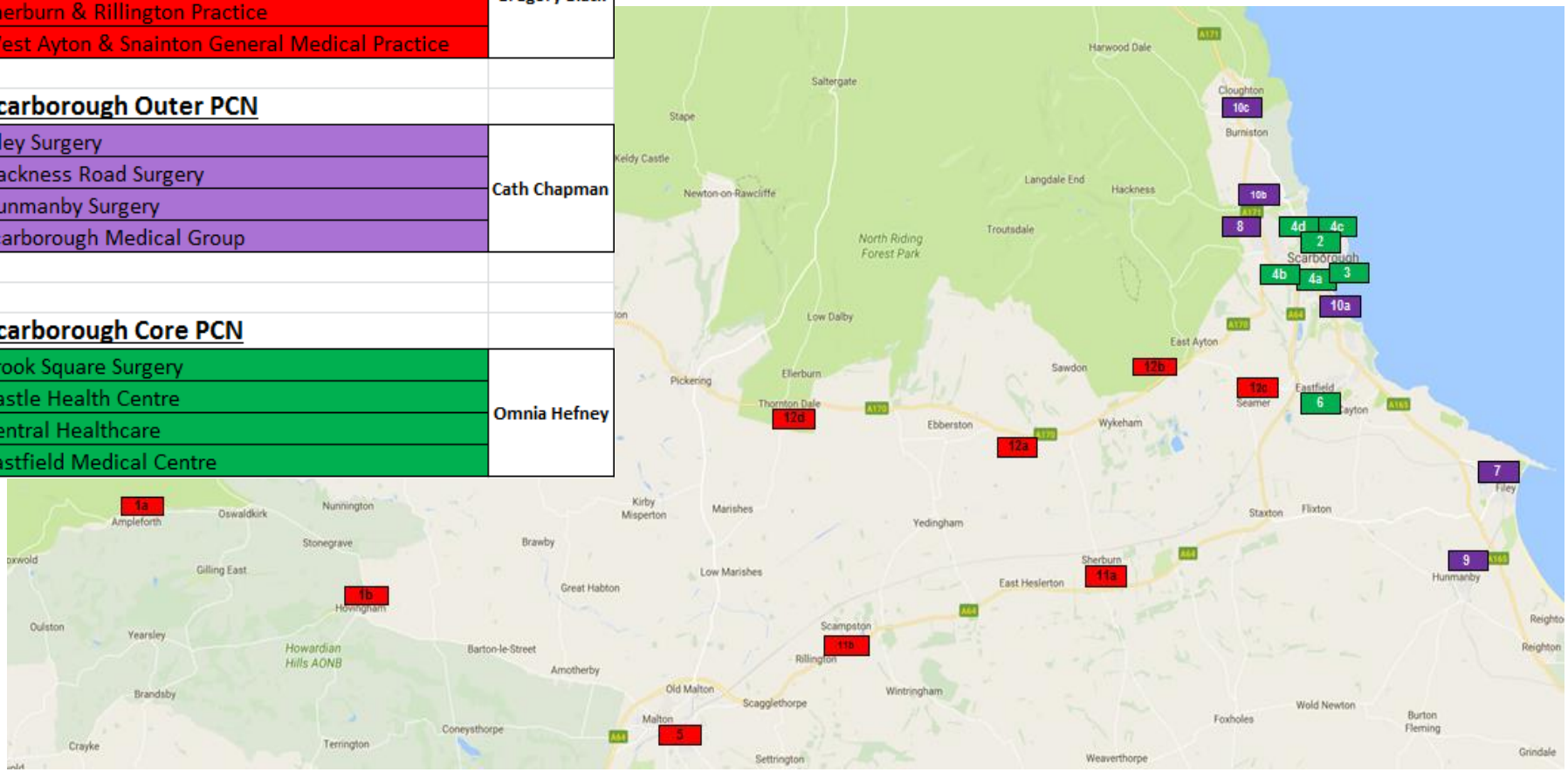
Filey and Scarborough Healthier Communities PCN



Ryedale PCN

Scarborough and Ryedale Primary Care Networks

Ryedale PCN	
Ampleforth Surgery	Gregory Black
Derwent Surgery	
Sherburn & Rillington Practice	
West Ayton & Snainton General Medical Practice	
Scarborough Outer PCN	
Filey Surgery	Cath Chapman
Hackness Road Surgery	
Hunmanby Surgery	
Scarborough Medical Group	
Scarborough Core PCN	
Brook Square Surgery	Omnia Hefney
Castle Health Centre	
Central Healthcare	
Eastfield Medical Centre	



What's different now?

- Single Point of Access for patients, carers, families and professionals – CAS operating 24/7 from Day One using call-centre technology
- Extended working day for core team & overnight service
- All community services staff use single electronic patient record on SystmOne
- Clinics delivered within a GP practice, community base including non-clinical bases
- Development of generic job descriptions and core competencies
- Recruitment to specialist posts incl. respiratory, SLT, dietetics, cardiac/heart failure and diabetes
- Reducing waiting times for specialist services
- Support to patients in home environment on OPAT pilot

What's different now?

- Pilot 24hr community service (Friday 8am – Sunday 10pm)
- Safety culture – developed and enhanced
- Improved annual appraisal & objectives compliance
- Improved statutory and mandatory training compliance
- Recording of all referrals, clinical and non-clinical contacts
- Performance reports to CCG on a monthly basis – improving data quality
- Development Hub safety huddles invitations extended to GP practices
- Introduction of patient activation measurement (PAM) and supported self-care

Scarborough and Ryedale Statistics

Workforce:
Total Staff = 196
125 staff aligned to Scarborough Hub / 71 staff aligned to Malton Hub

Community Core roles:
RNs = 69 staff (including 12 vacancies and part time staff)
OT = 9 staff (including 1 vacancy and part time staff)
Physio roles = 12 staff (including 2 vacancies and part time staff)

Community Specialist roles:
41 staff (including 4 vacancies and part time staff)

Additional clinical community support:
Band 3 and Band 4 clinical roles

Practice Populations:

- Practice populations covered = aprox 83,000 Scarborough / 38,000 Ryedale
- Across 12 GP practices
- Community Provision: 4 specialist services also deliver provision to Whitby patients and 2 to Pocklington patients

Patient Numbers

Referrals to S&R Community services update….

Average number of new referrals the services get each month = 2628

Average number of face to face contact per month =12,597

Service is currently supporting 9648 referrals which equates to 7229 patients

Total number of referrals to S&R YAS Diversionary pathway from July – Dec 2019 = 153

Total number of referrals to Rapid Response Service from July – Dec 2019 = 216

Friend and Family Test:
100% of patients would recommend the service to other patients (2019 data)
97% of relatives (9 month period) agreed they received enough information (2019 data)

New Community Service Developments

- **Expansion of core service provision** – 7 day provision, 8am-10pm
- **Embedding community clinic provision** – across a range of settings (including GP practices, Local Health Centres, Community resource centres)
- **Diversionary Pathway** – Falls / Rapid Response with YAS - Commenced June 2019
- **Community Care Home Beds** – Pilot July 2019, Expanded for Winter pressures
- **Safety Huddles** – Scarborough / Malton -working with NHS Improvement Team / open access for clinical discussions and escalation of patients at risk
- **New clinical roles** – B4 Core and Specialist posts, and Nursing Associate roles
- **Holistic, multi-agency community frailty pathway**, including Pharmacy support and Elderly Medicine
- **CQUIN successes:**
  - Continence audit, support and education for Care Home residents
  - Falls – increasing awareness of resources, assessment and referral to support services
- **Care Home Education and service improvements** – including delivery of the 'React to Red' campaign, 'Nourish to Flourish' programme

Future plans

- Ongoing review of estates – clinical and non clinical spaces
- Development of clinical roles to include advanced skills, e.g. non-medical prescribing
- Development of a range of clinical roles to support effective and safe care e.g. Nursing Associate roles
- Opportunity for staff development through apprenticeship programmes, e.g. District Nursing, OT
- Development of digital solutions – ongoing pilot engagement
- Continued development of system resilience – local business continuity and system wide partnership working
- Continued active engagement with the S&R Partnership Board and agreed priority areas:

Frailty	Carers
Mental Health	Dementia
Cardiovascular Disease	Paediatric/Families

Challenges

- **Workforce**…..recruitment / retention / training
- **Accommodation**…….ensuring suitable and sufficient estates for clinical delivery (e.g. variety of clinics) and staff spaces
- **Geography**……Challenges with travel to patients and distance from corporate services
- **Embedding supervision** and staff competency development
- **Staff culture**….change management aligned to national initiatives
- **Embedding and developing integrated working** across all local partners
- **Embedding local and national audit programme**

East Coast Alignment

- Out of hospital opportunities being explored between Whitby and Scarborough
- Opportunities being developed to create a Health Campus in Bridlington
- Partners working together to support a programme of work to link Whitby, Scarborough & Ryedale Community, Malton and Bridlington

Whitby

Whitby – current service provision

- **Neighbourhood Care Services (NCS) – a multi-disciplinary community team**

  "Home First" ethos – supporting patient to remain at home or as close to home as possible, preventing unnecessary hospital admissions and facilitating early discharge

- 24/7 nursing service
- Community therapy; Physiotherapy, Occupational therapy, Dietetics, Speech and Language Therapy
- Pulmonary /Cardiac Rehabilitation
- Specialist Nursing Services; Heart Failure, Bladder and Bowel Health, paediatric continence, Wound Care and Tissue Viability

Whitby – current service provision

- **Minor Injuries Unit**
  - 8am-8pm - 7 days per week
  - X-ray facilities Monday to Friday 9.00am – 5.00pm and Saturday to Sunday 9.00am – 12.00pm (provided by York FT)
  - Average attendance 800 per month, peaking in August (+1000)
  - 100% patients discharged within 4 hours (93% discharged within 2hrs)

- **In-Patient Ward**
  - 24/7 - 20 beds recent increase to 24 to support winter pressures.
  - Step Down - Rehabilitation for medical/surgical/complex long term conditions .
  - End of life/palliative care
  - Step up patients from within the local community
  - Day cases – care for patients requiring blood transfusions/intravenous infusions
  - Average age of patients is over 90 years old
  - Average bed occupancy 87.3%
  - DToC 11.8%

Whitby – current service provision

- **GP Out of Hours Service**
  (delivered via subcontract with Vocare)

➢ Average 255 calls per month (39% supported via non face to face advice and support)

➢ Service also supports the ward OOHs

- **MSK Physiotherapy**

➢ Monday – Friday self referral service for assessment/treatment of musculo-skeletal (MSK) pain or problems. Such as soft tissue injuries, joint pain, or rehabilitation after trauma or surgery.

➢ Average 144 new patients referred each month, average 6 working days wait

- **Outpatients Services**

➢ Support delivery of clinics for a range of specialities for HRW CCG patients via James Cook Consultants

What's different?

- Single Point of Access for NCS
- Single electronic patient record on SystmOne
- Integrated community multi-disciplinary team working
- Recruitment to specialist posts - SLT, dietetics and heart failure
- Support to patients in home environment on OPAT pilot
- One ward, supporting 20 patients
- MIU opening 8am – 8pm
- Collaborative working with patient flow managers at Scarborough, York and James Cook
- Daily bed dial in to aid patient flow, capacity and referrals
- Weekly MADE call – Multi agency discharge event

Future Plans

Hospital refurbishment
– to start 23rd March 2020
– completion due Summer 2021

Next Steps - New Model of Care

Redesign of Urgent / Unscheduled Care Services

- Review of MIU, GP OOHs and overnight nursing services
- National move to Urgent Treatment Centre
- Stakeholder workshop booked – May 2020

Primary Care Network

- Further develop multi- disciplinary working across organisational boundaries

NORTH YORKSHIRE COUNTY COUNCIL
SCRUTINY OF HEALTH COMMITTEE
13 March 2020
Committee work programme

1.0 Purpose of report

1.1 This report provides Members with details of some of the specific responsibilities and powers relating to this committee and also a copy of the committee work programme for review and comment (Appendix 1).

2.0 Introduction

2.1 The role of the Scrutiny of Health Committee is to review any matter relating to the planning, provision and operation of health services in the County.

2.2 In general, the bulk of the Committee's work falls into the following categories:

- being consulted on the reconfiguration of healthcare and public health services locally
- contributing to the Department of Health's Quality Accounts initiative and the Care Quality Commission's process of registering NHS trusts
- carrying out detailed examination into a particular healthcare/public health service.

3.0 Specific powers

3.1 The Committee's powers include:

- reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area
- requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions
- making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise
- requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations
- requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service
- referring contested proposals to the Secretary of State for Health.

4.0 Scheduled Committee meetings and Mid Cycle Briefing dates

4.1 The next meeting of the committee is:

- 10.00am on 24 April 2020.

All the meetings will be held at County Hall, Northallerton.

4.2 The next meeting of the Mid Cycle Briefing is:

- 10.00am on 24 July 2020.

Please note that the Mid Cycle Briefings are not public meetings and are attended by the Chair, Vice-Chair and Spokespersons for the political groups.

5.0 Areas of Involvement and Work Programme

5.1 The Committee's on-going and emerging areas of work are summarised in the work programme in Appendix 1.

6.0 Recommendation

6.1 That Members review the Committee's work programme, taking into account issues highlighted in this report, the outcome of discussions on previous agenda items and any other developments taking place across the County.

Daniel Harry
Democratic Services and Scrutiny Manager
North Yorkshire County Council
26 February 2020

NORTH YORKSHIRE COUNTY COUNCIL
Scrutiny of Health Committee – Work Programme –2020
Version – 4 March 2020

	13 Mar	24 Apr	19 Jun	24 Jul	11 Sep	
	COM	COM	COM	MCB	COM	
Strategic Developments						**Comment**
1. Development of the Integrated Care Systems that cover North Yorkshire			✓			Strategic view of the form and function of the Integrated Care Systems and Integrated Care Partnerships that cover North Yorkshire
2. NHS Clinical Commissioning Groups and Foundation Trust funding				✓		Initial presentation at the Mid Cycle Briefing to determine whether a formal report is required at committee
3. New models for health and social care delivery in rural areas			✓			Initial presentation by NYCC HAS on models and best practice elsewhere and how it could be applied locally
4. Patient Transport Service – changes to the application of eligibility criteria						12 month follow up to committee meeting on 14 December 2018 to ascertain whether there have been any adverse consequences to the changes.
5. Air Ambulance Service – overview					✓	Overview of the Air Ambulance Service and how it links in with other emergency services.
Local Service Developments						
6. Healthy Child Programme		✓				Proposals for changes to the services provided by NYCC Public Health through the programme.
7. Integrated prevention, community care and support in Scarborough and Ryedale – Humber NHS Foundation Trust and North Yorkshire CCGs	✓					Update on the services that are provided by the FT in Whitby and the use of the two in-patient wards in Malton Community Hospital.
8. Harrogate and Rural Alliance - Adult Community and Health Services				✓		Early discussion - to the Mid Cycle Briefing on 24 July 2020 to determine lines of enquiry for the committee.
9. Future plans for Whitby Hospital	✓					Update on progress with the new model of delivery.
10. Future plans for Ripon Hospital			✓			Date to be confirmed – tentative 19 June

						committee – may be delegated to the Skipton and Ripon ACC
11. Scarborough East Coast Review	✓		✓		✓	Update on progress with the review of services and any proposed changes
12. General surgery provision at Scarborough Hospital	✓					6 month review of the provision of a single Trust – wide rota
13. Breast oncology services at Scarborough	✓					12 month review of the impact of the temporary transfer of the service to York and Hull and recruitment of consultants
14. Oncology services at Scarborough Hospital	✓					Temporary changes to services due to shortages of consultant oncologists at Hull University Teaching Hospitals NHS Trust
15. Paediatric Services at Scarborough Hospital	✓		✓			Proposed changes to paediatric services. Overview on 13 March and more detailed presentation on 19 June 2020.
16. Stroke service provision in Harrogate			✓			Review of first 12 months of operation of new hyper acute stroke service – briefing report for information only
17. Mental health services in the north of the county (Friarage and Roseberry Park) – TEWV and HRW CCG			✓			Updates on progress with the: rectification of the Roseberry Park site; the transfer of patients from the 2 in-patient wards at the Friarage; and progress with the development of the new community hub in Northallerton.
18. Mental Health Service in York/Selby area and Bootham Hospital – TEWV and VoY CCG			✓			Progress with the opening and operation of the new York Hospital (opening April 2020) and the development of the Selby community hub – 19 June 2020 committee.
19. Mental Health Services in Harrogate and the surrounding area – TEWV and HRD CCG						Watching brief. Likely to be scheduled for September or December 2020 committee.
20. Sustainable Future for the Friarage Hospital in Northallerton – HRW CCG and South Tees FT	✓	✓				Consultation September to January. Report on level of engagement on 13 December 2019, decision making process on 13 March 2020 and complete analysis on 24 April 2020.
21. Decommissioning of GP based minor injury service in HRW CCG area						Impact of the decommissioning of the enhanced minor injury service in general practice in Hambleton, Richmondshire and Whitby Clinical

						Commissioning Group (CCG) area. Review of similar services in other CCG areas - TBC.
22. Acute Provider Collaboration - Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust						Early discussion - to the Mid Cycle Briefing on 1 November 2019 to determine lines of enquiry for the committee. Committee date TBC.
23. Catterick Integrated Care Campus project				✓		Early discussion - to the Mid Cycle Briefing on 24 July 2020 to determine lines of enquiry for the committee.
24. Community pharmacies – changes to the repeat prescription ordering process	✓					Ending community pharmacy ordering of medicines on behalf of patients in the Vale of York CCG area – briefing note for information only
25. Nidderdale Group Practice, Grange Medical Centre, Dacre Banks				✓	✓	Proposed closure of the Dacre Banks surgery, Nidderdale
26. Hampsthwaite surgery				✓	✓	Proposed closure of the Hampsthwaite surgery, Church Avenue Medical Group
Public Health Developments						
1. Suicide prevention						Review progress with implementation of the strategy – TBC
2. Development of base-line data and an on-going monitoring system on the impact of shale gas extraction – Public Health England						Lincoln Sargeant and Simon Padfield PHE - TBC
3. Dentistry provision in North Yorkshire – NHS England						NHS England (Yorkshire and Humber) – review the plan for commissioning the wider dental pathway - TBC
4. Community pharmacies – market adjustment and access to services						NHS England, Public Health and Community Pharmacy North Yorkshire - TBC
5. Optometry - market adjustment and access to services						Lines of enquiry to be confirmed
In-depth Projects						
1. Health and social care workforce planning – Scrutiny of Health and Care & Independence OSC				✓		Progress report

2. Joint scrutiny of health and social care integration with the Care and Independence OSC		✓				Interim copy of report to be circulated to the membership of the committee
Joint scrutiny						
Joint health scrutiny committee review by North Yorkshire, Leeds and York held on 15 February 2019						Follow up subject to the outcome of the engagement exercise on the new model for enhanced community services.
Children's mental health services						Joint scrutiny with the NYCC Young People's Overview and Scrutiny Committee - TBC

Meeting dates 2019/20

Scrutiny of Health Committee – 10am	13 March 2020	24 April 2020	19 June 2020	11 September 2020	18 December 2020
Mid Cycle Briefing – 10.00am*			24 July 2020	11 November 2020	

*Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.

Please note that the work programme is under continuous review and items may be rescheduled a number of times during the course of the year.

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 of 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 SystmOne 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.