Annex 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.

Abbreviations

CCG – Clinical Commissioning Group

ETP – Electronic Transfer of Prescriptions

NHS – National Health Service

PRN – Pro Re Nata