

Report of the CCG

Scrutiny Committee Brief: Repeat Medicines Ordering

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 no longer be accepting 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 - Consume medicines which are out of date due to the length of time they have been in their possession.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 at Annex 3 and community pharmacies at Annex 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
 - All general practices were sent communications detailing the proposal in June 2019 with further communications in early August
 - 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

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

Implications and Risk management

12. 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 at Annex 1.

Recommendation

13. 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

14. 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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Abbreviations

CCG- Clinical Commissioning Group

DC- Dispensing Contractors

FAQ- Frequently Asked Questions

GP- General Practitioner

NHS- National Health Service

QIA- Quality Impact Assessment