



healthwatch York

Changes to repeat prescription ordering

March 2020

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We would like to thank Community Pharmacy North Yorkshire and all the pharmacy staff who took part in supporting us to understand how they experienced the impact of the changes. We would also like to thank NHS Vale of York CCG for working with us to understand what has happened, sharing the voice of GP practices, and for their commitment to working with us in the future to improve the experiences of local people.

Lastly, we would like to thank the Healthwatch York research and engagement volunteers for their support and hard work in producing this report.

Project summary

In September 2019, NHS Vale of York Clinical Commissioning Group (CCG) brought in changes to how patients who need medication on a regular basis order repeat prescriptions. Patients now need to order their repeat prescription directly from their general practice. This arrangement replaced one where pharmacies were able to order repeat prescriptions on behalf of the patient and contact the patient when the medications were available. This was known as pharmacy ‘managed repeat’ prescriptions.

Many other CCGs in England have brought in similar changes in a bid to reduce medicine waste and increase safety. However, members of the public and local pharmacies shared with us their concerns about the impact the changes would have on patients. Healthwatch York decided to find out more.

“It’s crazy as a carer I am run off my feet. The chemist was fab at supporting me...I drive back and forth costing me more time and energy.”

“We are yet to know if there is a wide problem with patients no longer ordering medication. My fear is that some housebound patients may have fallen off the radar” *Pharmacy Staff*

To understand the effects of the changes Healthwatch York heard from 80 members of the public and 22 members of staff working at pharmacies.

Key findings

Concerns expressed by members of the public included:

- Not receiving information and not knowing about the changes when they happened
- Not receiving additional support through the 'assisted patient' status or through reasonable adjustment from their GP surgery
- The considerable challenges (time, travel and increased stress) faced by carers/family members alongside the unavailability of online access for carers.
- The additional personal cost to many patients in terms of time, travel and inconvenience
- The challenges of accessing and communicating with GP surgeries including getting online access and telephone access

Some members of the public who had been able to get online access did report greater convenience and efficiency since using online services.

22 pharmacy staff members we spoke to identified a range of concerns and negative impacts on patients. These included:

- The challenges faced by older and vulnerable patients
- People who had run out of medication and who had gone without
- Increased patient disruption and frustration

8 pharmacy staff members reported some benefits to patient experience since the changes. These included:

- Online ordering thought to be a better route for some
- Increased patient control and less reliance on pharmacy
- Reduced waiting times for customers

All but one staff member reported negative impacts of the changes on pharmacy services. These included:

- Lack of time and resources within pharmacies to cope with the changes when they took place
- Difficulties meeting patient expectations
- Increased difficulty for pharmacies making sure medication is provided and ready in time
- New forms of practice and working pressures
- Increased time spent on problem solving

Positive impacts of the changes on pharmacy services were also described as:

- Overall increased pharmacy staff time and reduced workload

Considering the negative impacts on patient experience and service delivery, we asked pharmacy staff what they felt could be improved. Staff provided a number of ideas:

- Improve access to repeat medications at GP surgeries
- Improve prescription dispensing systems at GP surgeries
- Take more time over transitions to changes in service provision
- Improve patient understanding and knowledge about the prescription process
- Reinstate the old system with additions to improve efficiency and accountability and giving patients the right to choose

Conclusion

Healthwatch York appreciate the need for the NHS to make good use of available resources in the current economic climate. We also agree with the overall aims to reduce medicines wastage and improve patient safety.

However, we are concerned about the unintended consequences of these changes on our local population. We ask NHS Vale of York CCG and general practices to consider how to reduce the impact of these changes locally and how to implement the recommendations we have made. We hope our recommendations will contribute to improvements in future service change where local decision makers take into account the lessons learned.

We proposed recommendations around three key areas:

- Improve future engagement prior to service change
- Improve current access for carers, older people and other vulnerable groups to reduce inequalities in health and social care by GP surgeries proactively making reasonable adjustments
- Improve consistency in general practice service delivery and online systems across York

For the full list of recommendations please see page 46.

Local and national context of changes to pharmacy ‘managed repeat’ prescriptions

National context

Many CCGs have urged changes to ordering of repeat medications. CCGs such as Luton, South Kent Coast and South Sefton with Southport and Formby have previously set about investigating the type and extent of local problems associated with repeat ordering. Each area piloted changes and evaluated outcomes of new arrangements.

CCG	Project Summary
Luton	In 2013-14, Luton CCG felt there were serious concerns over service deficiencies, levels of waste and risk of harm to patients due to certain repeat management prescription systems in place. Luton CCG carried out an audit of 18 general practices. New repeat prescribing systems were introduced by most practices in 2015. A review of this project is outlined in a report published in 2016 ¹ .
South Kent Coast	Following a review of prescription request data from surgeries in its area, South Kent Coast CCG stated that some pharmacies were ordering medications that patients did not require and in some cases ordering discontinued medication. They also reported that general practices felt they lacked control over the process for which they are clinically and legally accountable. In November 2015, the

¹Repeat Prescription Services (2016) Final report on the changes to repeat prescribing management in Luton supported by the medicines optimisation team Luton CCG. NHS Luton Clinical Commissioning Group.

	CCG decided to recommend that general practices no longer allow pharmacies to order medications on behalf of patients and the new scheme was implemented 2016 to early 2017. A report was produced by Healthwatch Kent which explored the impact of these changes further ² .
South Sefton CCG and Southport and Formby CCG	A six month pilot was run with 19 GP surgeries from September 2016. The findings from the pilot informed the later roll out across all member general practices in 2017. Benefits were found in cost savings and increase in online services to order prescriptions. Reports also highlighted safety concerns around patients missing medications and how continued work was needed to improve outcomes ³ .

Reports from these pioneer CCGs highlight the benefits of the changes made whilst also indicating the complexity and risks of implementation. However, the benefits delivered by these earlier projects seem to be leading other CCGs to move straight to making changes. For example, the medical director of the Tees Valley Group CCG said "The project has been adopted from similar work already implemented in other areas

² Healthwatch Kent (2017) Report on repeat prescriptions. Available at: https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/reports-library/20170201_Kent_repeat%20prescriptions%20report.pdf Accessed: 07/01/2020

³ South Sefton CCG and Southport and Formby CCG (2017) Repeat prescription ordering service (RPOS) Summary evaluation (September 2016 - October 2017). Available at: <https://www.southseftonccg.nhs.uk/media/3164/18-104-rpos-summary-evaluation.pdf> Accessed: 07/01/2020

such as Sunderland, South Sefton and Luton. Because of this, we know the positive impact we will be able to make for patients.”⁴

At Autumn 2019, multiple GP surgeries across the country were taking on board CCG recommendations. The Teesside changes came into force in September 2019, as did those in Leicester City CCG area.

The government is concerned about over-prescribing in the NHS. In December 2018, the Secretary of State for Health and Social Care announced a review to be led by the Chief Pharmaceutical Officer. One area of enquiry to be addressed in the review “is improving management of non-reviewed repeat prescriptions – including encouraging patients to ask questions about their treatment to ensure they don’t remain stuck on repeat prescriptions which are no longer needed”. In particular, the review is to look at instances where individuals are remaining on repeat prescriptions which roll over – often for many years – without being reviewed.⁵

At the same time, policy and practice are shifting to both encourage patients to use the NHS app to order repeat prescriptions and also roll out electronic prescription; from November 2019 in England all GP prescriptions will be issued digitally.

⁴ TeessideLive (2019) NHS changes will mean patients can no longer order a repeat prescription through pharmacies. Available at: <https://www.gazettelive.co.uk/news/teesside-news/nhs-changes-mean-patients-can-16551241> Accessed: 07/01/2020

⁵ Department of Health and Social Care (2018) Matt Hancock orders review into overprescribing in the NHS. Available at: <https://www.gov.uk/government/news/matt-hancock-orders-review-into-over-prescribing-in-the-nhs>. Accessed: 07/01/2020

Other local Healthwatch involvement

Several Healthwatch have explored the changes in their local areas.

Healthwatch Sunderland carried out work supporting members of the public who reported difficulties getting repeat prescriptions. Healthwatch Sunderland contacted practice managers at GP surgeries to ensure that reasonable adjustments were being made to support people's access.

Healthwatch Kent provided several recommendations in their 2017 report which aimed to highlight lessons learned and support other CCGs in future decisions⁶.

One recommendation which was highlighted included the use of the nationally recognised electronic repeat dispensing (eRD) by GP surgeries. eRD can be used for a person who has a stable but long-term condition. They can receive up to one year's supply of their medicines through regular batches from the pharmacy without the need for repeated signatures from the GP. eRD is also recommended by the Pharmaceutical Services Negotiating Committee (PSNC) as a preferred option for the management of repeat medication.

NHS England has stated that GP surgery time could be saved if more repeated prescriptions were prescribed through repeat dispensing⁷.

Repeat dispensing may not be appropriate for all patients but may provide a better route for some.

⁶ Healthwatch Kent (2017) Report on repeat prescriptions. Available at: https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/reports-library/20170201_Kent_repeat%20prescriptions%20report.pdf Accessed: 07/01/2020

⁷ Pharmaceutical Services Negotiating Committee (PSNC) Pharmacy management of repeat medication requests: Frequently asked questions. Available at: https://psnc.org.uk/leicestershire-and-rutland-lpc/wp-content/uploads/sites/103/2015/05/PV_PSNC_Rpt-Meds_FAQ_Aug-2016.pdf Accessed: 13/01/2020

Local context

In September 2019, NHS Vale of York CCG brought in changes to how patients ordered their medicines. Patients now need to order their repeat prescription directly from their GP surgeries. This replaced a previous arrangement where pharmacies were able to order repeat prescriptions on behalf of the patient and contact the patient when the medications were available. Exceptions should be made for vulnerable and assisted patients, and for those who use a monitored dosage system.

Assisted patients are those who may require additional assistance to manage their medication ordering, either from the GP surgery or from a pharmacy.

In 2016, the CCG identified how repeat ordering schemes operated by Community Pharmacies were costly, placing a strain on local prescribing budgets⁸. In 2019, when the changes to ordering were implemented NHS Vale of York CCG said:

“The main reason is to increase safety and efficiency. Many patients have said that they have built up a stock of unused medicines. These medicines are often not stored safely, nor are they used by their expiry date. The changes will address these safety concerns and will give patients more control. The change will also mean your GP surgeries will have a clearer picture of the medicines you do and do not use and this

⁸ NHS Vale of York Clinical Commissioning Group (2016) Meeting of the Governing body, 1 September 2016: Prescribing policies.

will help with discussions during your medication review. NHS resources are precious and the changes will help to reduce medicines waste⁹.”

As GP surgeries implemented these changes, Healthwatch York was initially contacted by six members of the public who told us about the challenges they had faced in accessing their medications. Concerns were also raised to Healthwatch York by staff from local pharmacies.

The York Press reported on the topic between August and September¹⁰ highlighting the changes and concerns from some members of the public.

The changes were also discussed at the Health and Adult Social Care Scrutiny Committee on the 17th September 2019¹¹.

The CCG reported at the meeting that following extensive communication with relevant parties, GP surgeries would no longer be accepting repeat prescription requests from community pharmacies. However, some vulnerable patients or those unable to get to a GP surgeries would still be supported to get their medications through pharmacy support as an ‘assisted patient’.

Members at the Scrutiny Committee meeting raised concerns around increase in GP surgeries workload and the difficulties around accessing

⁹ NHS Vale of York (2019) Changes to repeat prescriptions - how to order. Available at: <https://www.valeofyorkccg.nhs.uk/your-health/changes-to-repeat-prescriptions-how-to-order/> Accessed: 07/01/2020

¹⁰ The York Press (2019) Prescriptions shake-up causing 'massive inconvenience' for patients. Available at: <https://www.yorkpress.co.uk/news/17902242.prescriptions-shake-up-causing-39-massive-inconvenience-39-patients/> Accessed: 07/01/2020

The York Press (2019) Health bosses apologise over prescription shake-up 'inconvenience'. Available at: <https://www.yorkpress.co.uk/news/17911329.health-bosses-apologise-prescription-shake-up-39-inconvenience-39/> Accessed: 07/01/2020

¹¹ City of York Council (2019) Meeting of Health and Adult Social Care Policy and Scrutiny Committee. Available at: <https://democracy.york.gov.uk/mgAi.aspx?ID=53192>. Accessed: 07/09/2020

the NHS App, as well as the concerns around the impact for vulnerable patients. Members expressed that if information about the changes had come to scrutiny earlier, this would have allowed members to share the potential concerns of their residents as well as communicate changes proposed to people in a more timely manner.

**Feedback from NHS Vale of York CCG to Healthwatch York
regarding engagement work they undertook.**

NHS Vale of York CCG told us that the changes were brought in from 1st September, but with a grace period until 16th October 2019.

Patients could still collect their prescription from a pharmacy until 16th October. The CCG reported that they communicated this with pharmacies, however, it is not clear how well this was understood and acted on.

As part of the project the CCG told us how they undertook the following communication and engagement methods around the time of the changes:

- Over 70,000 leaflets were distributed to all GP surgeries and pharmacies by hand during August 2019. Information was given at time of handover and GP surgeries and pharmacies were asked to staple a leaflet to each repeat prescription so that the patient could be updated. See appendix for CCG information about the prescription process.

- During August and September 2019 the CCG visited carers' advisory groups and patient participation groups, and spoke to the chair of the York Older People's Assembly to discuss the changes taking place
- The CCG worked with That's York TV and local media to provide information for the public
- Information was posted on the CCG website and social media channels. Communications were sent out to the CCG's stakeholder /vulnerable groups list and offered the invitation of a visit from a member of the CCG to any of their meetings or groups to explain the changes taking place.
- Guidance was produced and sent out to all GP practices about identification of 'assisted and vulnerable patients'
- The scheme was rolled out across North Yorkshire CCGs and a full account and explanation of the scheme was given at the Health and Adult Social Care Scrutiny Committee
- Concerns raised by GP practices or pharmacies were promptly addressed

What we did to find out more

Healthwatch York collected individuals' concerns and experiences of the changes over a three month period, September to December 2019. At first we recorded people's concerns through our issues log. From October 2019, a short survey was produced to further encourage individuals to provide us with their feedback and experiences. The survey was available online and in paper format. It was taken to various events attended by Healthwatch York. With the aim of understanding more about the difficulties faced by particular groups, we shared our project with a number of local organisations such as the Carers Centre, Age UK and York Older People's Assembly.

Healthwatch York was also contacted by pharmacies expressing their concerns about the changes. In response to these concerns we produced a small survey for pharmacy staff which was distributed online across the Community Pharmacy North Yorkshire network.

Healthwatch York was also interested in the views of GP surgeries and approached the CCG to request any feedback gained from them. The CCG informed Healthwatch York that they were currently obtaining this feedback from GP surgeries and were concerned about duplication of survey requests. It was agreed that the CCG would share feedback from the GP surgeries with Healthwatch York. This feedback is available on page 42.

Responses

We received a total of 102 responses.

- 22 online responses from pharmacy staff
- 30 online responses from members of the public
- 44 paper survey responses from members of the public
- Six responses through our issues log

What did people tell us? Findings from members of the public.

Guidance was provided to GP surgeries and pharmacies by the CCG in order to support them with identifying patients who might require additional assistance with repeat medication ordering. We compared this guidance with what members of the public told us.

A thematic analysis was used to understand and present the feedback from the public. Responses were organised into six key themes.

Supporting quotes from those who consented to sharing their stories are provided below each theme heading.

How well did people feel the changes had been implemented?

Theme 1: People did not always feel informed about changes

GP guidance stated: "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."

What people told us suggests that information was not always provided to patients in a timely and effective way. Some people told us how they were unsure about how to order their prescriptions.

"The first I knew about the change was when I went to my pharmacy as usual to collect my medication and they said they didn't do it anymore."

"I feel that advance notice of these prescription changes - should have been earlier. Poor communication."

Theme 2: Failures to identify people who would benefit from additional support or should be ‘assisted patients’

GP Guidance indicated the importance of identifying patients who might need assistance. It stated: “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.”

“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.”

“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”.”

What people told us suggests that some who appear to meet the criteria for assistance are not being identified. People were unaware they could ask for reasonable adjustments. In some cases, people reported being told that no exceptions were possible. Concerns were raised by people experiencing mental ill health, memory problems, mobility problems and possible visual/sensory impairments.

Mental Health

“I have significant mental health problems. For years I've collected repeat prescription from local community pharmacy. The new system means I have to go to GP practice to collect prescription, then take it to pharmacy. I can only get to GP by bus. Buses are infrequent on the necessary route. I'm rarely able to leave house because of severity of panic attacks and anxiety disorder. I find bus travel distressing.... I asked the receptionist at my GP if there was anything that could be done to help... I was told there is nothing that can be done, that no allowances can be made for anyone.”

“I have an anxiety disorder meaning my repeat prescription is often forgotten and my mental health can get a bank holiday of no medication ...I go into a bad way withdrawing. I'm in need of social care but as it is mental I'm simply ignored.”

Memory problems

“Very unhappy with change to the system. Has problems remembering things, so is struggling to remember when to order their drugs. Used to collect at pharmacy and be told when next to come. Now feel they have to manage all alone. Was not given any help re how to organise/use reminders. The problems are compounded by having multiple health problems and a complex medication regime...Because it is so hard to get through on the phone to make appointments find it really hard to manage blood tests and medication reviews on time.”

Mobility problems

People talked about their experiences of having mobility problems. A number of other comments across the feedback suggested a concern around the impact of being or becoming older and less mobile and how this would affect people's ability to manage.

"Up to the beginning of November I was able to phone the pharmacy to order a repeat prescription. I have now been told that my order must be online or posted. I do not have an internet connection, it would be impossible for me to get to the surgery when the weather is too bad for me to use my mobility scooter. Taxi fares are expensive. I would like to know how a fully disabled person like me with no carers could manage!"

"Ordering repeat prescriptions from my surgery is a nightmare. You have to go down to the surgery. They won't take requests over the phone even in extreme circumstances.... There should be allowances for people with mobility problems who can't always get to their surgery and order their repeats."

"Having to visit the pharmacy twice is difficult for me. Virtually no parking. Walking is painful. A simple phone call to order my prescription would help."

"I have difficulty using a computer. Not easy to write requesting a repeat prescription and trying to get to a post box. A preferable system would be for each surgery to have a dedicated telephone line."

Visual/sensory problems

Some people spoke about having difficulties reading and writing which led to increased stress when trying to re-order via the telephone systems or otherwise.

“Use paper prescriptions every month. Hand them in at surgery and collect 4/5 days later. Print on prescriptions is now very small and difficult to read.”

“On some of the slips there are more than 10 items and I have a visual impairment which makes doing this task really difficult. I get very stressed at times and then I worry afterwards if I've done it all correctly. It would be much easier to speak to someone.”

“I have difficulty using a computer...Not easy to write requesting a repeat prescription and trying to get to a post box.”

Did people feel the changes had made an improvement?

Theme 3: Additional costs to patients in terms of time, travel and inconvenience

Several individuals had been pleased with their support from pharmacies before the changes. Some individuals reported having difficulties getting the right medications on their prescriptions despite going to their GP surgeries and asking for corrections, suggesting that medication wastage could still be an issue.

“Previously the chemist text every two months to say my prescription was ready - I collected. Now I have to take the prescription to the doctors, collect two days later, travel to chemist, wait 20 minutes while they get round to dealing with it. About an hour messing about and three visits instead of a two-minute collection. Improvement?”

“I prefer to order and collect from the pharmacy. Now I have to get my prescription to the doctors, then collect seven days later from the pharmacy next door. This causes me two journeys.”

“I have obtained my repeat prescriptions from local pharmacy, for some years. I ticked which medications I needed, from the list shown on the prescription form (omitting those I didn't need). Pharmacy gave me an appointment card with the collection date written on. The system worked excellently. Now I have to calculate the date I need to go to the surgery, drop off the prescription form request, calculate the date I think pharmacy may have received the paperwork, then phone them to ask if the medication is available for me to collect. This is an annoying and inefficient system.”

“It was much easier when the chemist ordered it for me. The GPs are always too busy. It means an extra trip for us.”

“Up to the change the pharmacy knew the date on which my medication ran out and obtained the prescription for me which was very convenient. I don't mind doing things online but have to allow more time than the period they say they need, just in case there is a problem. Also, I know that periodically I need a review so that will also mean I will order things quite a time ahead to ensure there is time for this if necessary.”

“After the debacle with taking my prescription to local pharmacy for onward transmission to GP - I switched to their online service. Very good. Now I am told I cannot use this service but MUST [go back to the] GP.”

“...[I] tried to cancel part of the prescription which I could purchase to save NHS money, but it's still on prescription so still claiming it.”

Theme 4: Considerable challenges to carers and parents with considerable extra cost and inconvenience for them

Several carers/ family members who support individuals with their prescriptions reported considerable challenges around time, travel and increased stress they faced due to the changes. Many online services, such as the NHS App, are also not currently available to carers reducing their options of ordering repeats.

“Finding time to do things out and about in the community is difficult as a carer. Instead of one visit to the pharmacy to collect meds, it's now two visits to the doctors (to drop off prescription request and pick up) and two to the pharmacy (to give in prescription and then wait for meds to be ordered) once a month. I find this a great inconvenience.”

“It's crazy as a carer I am run off my feet. The chemist was fab at supporting me. [I provide] full 24 care, I am not allowed to order online as they cannot complete the forms and it would need to be set up with a different email address as my account on the app is for me only. You can't do children either. GP won't accept me as her appointee for the online access: ridiculous. I also support my parent at another practice, again elderly no access to Internet I drive back and forth costs me more time energy.”

“I am upset for a family member who now has to go to her doctors surgery on foot with her few months old baby and toddler to pick up her baby's prescription then walk some distance to her pharmacy to collect the special prescription that the baby needs. This seems crazy. Her baby has to have this prescription and she is stressed with the added journey.”

“My partner has dementia so I have enough stress without having to sort their prescription. Before, it came automatically from the chemist.”

“Currently I have 3 staggered repeats for family members which get renewed at different times of the month. This has always been the case. However, now I have to ring my GP and leave a message including the dosage, milligram and name of medication. On some of the slips there are more than 10 items and I have a visual impairment which makes doing this task really difficult. I get very stressed at times and then I worry afterwards if I've done it all correctly. It would be much easier to speak to someone. Also because the prescriptions are staggered I have to do this at three different times a month and keep checking we all have enough medications.”

“Our surgery only accepts repeat requests on paper or via the online facility, which we didn't have. It was so much quicker and convenient to be able to call the pharmacy and leave it in their hands. We have a child with highly complex needs. Life is stressful. Now we have to mess around logging into the laptop and the online app to do this and only by checking back can we discover if it was approved for repeat.”

Theme 5: Challenges of access to GP services

People reported on challenges they had experienced accessing GP surgeries services through online platforms and telephone access. A number of people spoke about how busy GP surgeries are which meant that resolving prescription process errors or getting appointments to discuss prescriptions with a GP was very difficult.

- **Difficulties of online access**

Reasons for difficulties with online access to GP services included: not having internet access, not being able to use the systems, concern around the accuracy of online systems and concern around privacy and security of personal internet connections.

“After being told about the new system I went to my GPs surgery and was given information regarding the procedure. I followed the instructions and was not accepted, I asked two family members who are more computer aware than I and the same happened. I went back to the GP and was given another set of codes and password - same result - so frustrating! I am disabled and a trip to the GP and then to the pharmacy is very difficult for me as it will be for most elderly people. On returning to the GPs even the receptionist was confused. I then asked to be able to just email, which I have done once and been successful, but the frustration in the meantime was profound. I cannot see this new system being for the better, as a vast majority of people I know have all had similar problems.”

“I have no access to the internet so I have to go into my doctors every 2 weeks to get my repeat prescription in to the doctors. They expect everybody to be online.”

“Haven't managed to try online, as I never seem to be able to get on my account.”

“The re-ordering arrangements are based on patients having access to a computer and/or are computer savvy.”

“Now we have to mess around logging into the laptop and the online app to do this and only by checking back can we discover if it was approved for repeat.”

“Haven't managed to try online, as I never seem to be able to get on my account.”

“Completely confused by the new prescription ordering, online is not suitable for everyone by any means.”

- **Difficulties of telephone access**

People told us about various difficulties they had had accessing GP services via telephone. It appeared that some GP surgeries offer a telephone line for patients to order their prescriptions. In many cases people thought this offered a good alternative although it needed to be easily accessible and well managed.

“There are many people who do not have the internet...To get an appointment by phone is almost impossible as, when I have tried, I was "17" in the queue, and [on hold] for ages only to be told to try again tomorrow. Very frustrating, and not good for you, especially when not feeling well.”

“Some but not all GPs provide telephone... Why not commission a telephone response service for all GPs?”

“A preferable system would be for each surgery to have a dedicated telephone line.”

“The phone line for the GP is poor/crackling/long wait/unhelpful people; ordering with the automatic GP phone line for prescriptions is poor crackly line; doesn't work, often orders are missing (but even happens when speaking to someone).”

Theme 6: Greater convenience and efficiency when able to order online

Not all responses were negative and some individuals told us about some positives they had experienced around system efficiency and greater convenience through learning to use online services. Some individuals commented on wanting to continue ordering their own prescriptions through their GP surgeries as they felt this gave them more control. Some people reported understanding the reasons for the changes and agreed they were needed to reduce wastage.

“This system works well for me at the present time. Our doctor’s surgery is near the bus stop - the bus I usually use - so quite convenient. I receive a text from the chemist once the prescription is ready for collection. I have found my prescription is ready much earlier than the system that was in place. I only ever have received the medication I need as I always tick the boxes of things as needed and didn't use a repeat automatically.”

“I am able to order online and this has really improved my experience. Within a few days of ordering a repeat prescription it is at my nominated chemist. Previously I often had to chase either GP or chemist and got the prescription a few days before I was due to take the medication. Now I have it almost two weeks in advance. So much better.”

“I have begun logging into my GP surgery account, and ordering direct, with collection from my nominated Pharmacist (which I can amend if I wish). Quicker than doing it over the phone.”

“Ordering on line has made things a lot easier. Cuts out a lot of waiting time.”

A few people we heard from may still have been on the old system, or had not been affected by the change, including those who may have been successfully identified as 'assisted patients' and continued to receive pharmacy 'managed repeat' prescriptions.

What did people tell us? Findings from the pharmacy staff survey

Healthwatch York heard from 22 staff members from pharmacies across the Community Pharmacy North Yorkshire region.

14 people reported that they felt there had been no benefits at all to patient experience and many disadvantages and 8 people reported on some benefits to patient experience. Positive effects on patient experience came under three key themes:

Theme 1: Online thought to be better route for some

“Patients have discovered the NHS app and online ordering, which a lot of people under the age of 65 have found really helpful. It has also made the process much quicker and more reliable for them.”

Pharmacy staff reported that some people had moved to online ordering which was a more efficient route for some.

Theme 2: Increased patient control and less reliance on pharmacy

“Patients have more control over what gets ordered, and if something is missing...the patient is more likely to know why.”

Staff reported that by encouraging individuals to use online services some became less reliant on pharmacies. One staff member reported that they had seen some reduction in what patients were ordering, reducing waste.

Theme 3: Reduced waiting times for customers

“Since we have not been able to order the pharmacy are turning prescriptions around within 24 hours.”

Two members of staff reported on there being reduced waiting times in their pharmacies due to staff having more time to process prescriptions faster.

21 staff members reported that there had been negative effects to patient experience. Only one staff member reported not seeing any negative effects within their service. Negative effects to patient experience came under three key themes.

Theme 1: Older and Vulnerable patients are the most negatively affected

“Older patients and those who are more vulnerable have found this difficult as they are having to go into the surgery, which is difficult if they are not mobile.”

Staff described how older and more vulnerable patients could struggle to order their medications. They also mentioned concerns around the possibility that some house bound patients may not be getting their medications. Staff said those affected by the changes included: vulnerable patients, older people, those with mobility problems, those who are unable to order online, those whose GP surgery is not near a pharmacy, those who are housebound and those whose GP surgery does not offer a phone service.

Staff reported that they felt for older patients who struggled and recognised that despite support from staff it was very frustrating for them.

Theme 2: People running out of medication and going without

“We have received many reports of patients going without their medication for anywhere from a day or two...to 3 weeks according to relatives...We are also less likely to have the items that patients need in stock despite our best efforts. Therefore, patients are more likely to have to go without medication even if they order it several days in advance.”

10 members of staff explicitly reported on patients running out of medications, missing doses or having their health put at risk. It was reported that some patients had forgotten to order medications and for others their GP surgeries had been too overwhelmed to process prescriptions in enough time. One example was a type 1 diabetic patient reportedly going without insulin for several days.

Staff reported that prescriptions were not always ready in time. More emergency supplies were reported as being requested.

Theme 3: Increased disruption and frustration for patients

“Patients are left confused/upset/frustrated about why the system had to change. A significant number of patients were extremely unhappy they were forced to change to a different system that they did not want to use.”

Staff reported that they had received many complaints from frustrated customers. Patients who had found the previous system worked well for

them often found it difficult to manage the change and were caught out when they did not receive prompts of automated repeats.

Staff also spoke about errors made by GP surgeries which meant that patients had to be referred back to receive all required information (such as cost exemptions), re-order again or take multiple journeys to the surgery when something ordered wasn't issued.

The positive and negative impacts on pharmacies ability to provide patients with an effective service

Staff reported both positive and negative impacts on the service they were able to provide to patients since the changes, with many individuals giving examples of both within their pharmacy. Overall, more negative than positive impacts were reported by staff

Negative impacts described included:

- **Lack of time and resources to cope with changes when they took place**

“There was no additional resource...and all resources were already fully employed. E.g. time for front desk staff to deal with large number of verbal complaints and increased queuing.”

Some staff reported that there were no additional resources for them to be able to adapt and deal with the changes initially, which affected

patient experience. For example, front desks had insufficient time to deal with large numbers of verbal complaints leading to increased queuing.

- **Difficulties meeting patient expectations**

“Without our input at the ordering stage to tell patients when to expect their medicine to be ready, it means patients are coming in before we have had a chance to make up the prescriptions.”

Staff spoke about the difficulties of managing patient expectations. Prescriptions were taking at least 48 hours at most GP surgeries before getting to the pharmacy, before medicines have necessarily been ordered and prepared.

Without pharmacy input at the ordering stage to tell patients when to expect their prescriptions to be ready, many patients were coming in too early.

- **Increased difficulty for pharmacies making sure medication is provided and ready in time**

“We are yet to know if there is a wide problem with patients no longer ordering medication. My fear is that some housebound patients may have fallen off the radar.”

Pharmacies reported increased difficulty making sure patients' medicines were ready before patients ran out of supplies, which they felt had especially affected vulnerable patients and older people.

Pharmacies now no longer know what has been requested by patients, and so are not able to intervene when something does not get issued.

When ordering stock has become more difficult, there is not always enough time to source the right medication once the prescription has been received.

- **New forms of practice and working pressures**

“Patients are phoning very often now and this, along with the very reactive nature of the dispensing, checking and stock ordering process, and late ordering by patients, is having a significant impact on the working pressures.”

It was reported that, since the changes, working has become more reactive in nature with late ordering, significantly increasing pressures on staff.

- **Increased time spent on problem solving**

“Not knowing what patients have ordered means that we are unable to chase any items that have been missed prior to the patient presenting in the pharmacy.”

Staff reported that they had needed to spend increased time on problem solving which had reduced the positive service provided to patients. Pharmacies reported new difficulties managing or planning their workload as there was now no time to query issues with GP surgeries before patients picked up their medication.

Positive impacts described included:

- **Overall increased staff time and reduced workload**

“It frees more of the pharmacies staff time as less admin work. More time spent doing other processes, more time spent on providing services.”

In a number of cases pharmacy staff reported having more free time due to reduced administration work and fewer phone calls. They have been able to spend more time with their customers and focus on other services they provide.

Staff reported that more online ordering had led to a reduction in their overall workload and they were now able to work at a quicker pace.

One staff member, however, did express concerns that the changes will have increased workload at GP surgeries.

Overall, more negative than positive impacts were reported by staff. How the effects are felt may depend on the customer profile of the pharmacy. Receiving faster prescriptions may be benefiting only those who can access services more easily.

Thoughts on what could improve patient experience in relation to future prescription ordering from pharmacy staff

We asked pharmacy staff what they felt could improve the changes for patient experience. They provided us with five recommendations:

1) Improve access to repeat medications at GP surgeries

Improving access to telephone services at GP surgeries was recommended by a large majority of staff members. It was felt that this would improve access for people with mobility problems and many older patients.

Improving NHS and GP surgery apps to make it easier for people to order medication although ordering through apps does not suit all patients and many cannot manage alone.

Staff stated that a reminder service via either phone or text from their GP surgery to prompt some people to re-order would be beneficial.

2) Improve prescription dispensing systems at GP surgeries

Staff suggested making sure all GP surgeries are EPS (electronic prescription service) live so that all GP surgeries are able to send electronic prescriptions to pharmacies.

Encourage the use of nationally recognised eRD (electronic repeat dispensing) at all GP surgeries. eRD applies when a person has a stable but long-term condition and is prescribed up to 12 months of their

medicines. eRD allows GPs to authorise a batch of repeatable prescriptions for up to 12 months with one digital signature.

Staff reported that not all GP surgeries were using eRD and felt that improving training to enable GPs to get used to using eRD would be beneficial.

Staff reported that it was currently difficult for GP surgeries to speak to some community pharmacies by telephone, as some pharmacies have centralised numbers. Having co-ordination with senior pharmacy management rather than a need to call multiple stores would improve communication.

3) Take more time over transitions to changes in service provision

Staff reported that a longer transition to the changes in repeat prescription ordering would have been beneficial as well as talking to all links in the chain before deciding on a new process. They felt that this was especially important for changes that pose significant risk to individuals and involve very diverse populations.

4) Improve patient understanding and knowledge about the prescription process

Staff stated that it needed to be made clearer to patients how long it takes to process a prescription request. At the moment many patients expect to collect after 48 hours after ordering but 48 hours is just the time it takes for the GP surgeries to authorise the prescription (as shown on back of the prescription note). Additional time is required to order and/or prepare the prescription before patients can collect, a fact that not

all patients are informed about. Communication with the patient from all services about when they should receive their prescriptions should be more realistic.

5) Re-instate the old system with additions to improve efficiency and accountability and giving patients the right to choose.

Staff felt that many parts of the old system worked effectively. Many staff reported that patients were happy with the previous system and believed the change to be unnecessary. They felt that patients should have the right to choose how they want their repeat prescription just as they have the right to choose which pharmacy they use.

Staff identified the potential to improve parts of the old system. It was suggested that pharmacy 'managed repeats' could be reinstated for approved pharmacies who can demonstrate effectiveness and waste reduction measures. It would be used to support patients who are unable to competently manage their medicines and who are at risk of missing doses. Patient signatures could be used to provide clear audit trails and prescriptions could include options for additional medications that are not needed regularly to be requested when required. Staff also spoke about making sure the service is able to offer discussions with patients about their regular medications at regular intervals which could problem solve and support those with medication management issues.

Feedback from GP surgeries reported by the CCG

The CCG shared the feedback they had received from GP surgeries following their review with Healthwatch York. These were their findings. They received feedback from 46 respondents from GP practices. They reported that the majority of feedback was from GPs but also practice pharmacists, nurses, and other health care professionals.

- 85% of the respondents understood the reason for the change to be to decrease the number of unwanted medicines prescribed and an overall reduction in medicines waste. Over 55% felt it would help to reduce damage to the environment.
- Only 6 of the 46 respondents did not agree with the recommendations
- All of the respondents felt their practice had implemented the recommendations
- 87% of respondents were aware of the guidance on assisted patients
- Only 50% of respondents knew where to look for further information on the CCG website

The CCG reported that general comments and perceptions about the change included:

- Increase workload for GPs and reception staff
- Possible increase in patient anxieties about ordering prescriptions
- More guidance needed for identification of assisted patients
- Not all patients have online access

- Promotional material and leaflets could have been made available sooner

The CCG reported that they are continuing to look at ways they can improve the outcomes for patients and address some of the comments raised by respondents.

Conclusion

Healthwatch York appreciate the need for the NHS to make good use of available resources in the current economic climate. We also agree with the overall aims to reduce medicines wastage and improve patient safety.

However, we are concerned about the unintended negative consequences of these changes on patient experience and safety. We ask the CCG to consider ways to minimise the negative impact of the changes as detailed in this report.

Considering the feedback we have received Healthwatch York have made a number of recommendations that we hope would improve similar service changes in future. We have also made several recommendations to be considered for current practice around repeat prescription ordering.

Engagement prior to changes

Healthwatch York strongly propose that greater public and local service engagement is required well in advance of any such changes to support everyone in understanding the potential impact of the changes and prepare for the changes more effectively.

In addition to engagement with pharmacies and all GP surgeries, prior engagement with voluntary sector services should also be involved. This is not just to promote awareness but also to make sure carers and vulnerable groups are supported to exercise their right to reasonable adjustments by their GP surgeries if required. This would reduce the likelihood of individuals falling through the gap or not receiving the appropriate support from their GP surgeries when changes are put in place.

Reducing inequalities in health and social care by proactively making reasonable adjustments.

Improving access to obtaining medications for carers, people who do not use online services and other vulnerable groups should be paramount.

Some individuals who spoke to us identified additional needs that placed them at greater disadvantage than others due to the new changes for a variety of reasons. They included: carers, people with mobility problems, memory problems, mental health issues, sensory needs and older people.

It was reported that some individuals did not have their needs identified or acknowledged by services and therefore were left without appropriate support.

Where changes to prescription ordering affects certain vulnerable groups more profoundly, we argue for additional work to be done to make sure 'assisted patients' are proactively identified by responsible services and for requests from individuals for reasonable adjustment due to disability, impairment or sensory loss are to be consistently upheld.

Since the changes were put in place the CCG have been able to work proactively with some individuals through local community groups, and to support them to access their GP services to have reasonable adjustments made to their medication and repeat prescription regime where it wasn't working. Positive feedback has been received. This example below was provided to us by the CCG following their support:

'Everything went really well with the doctor's appointment on Friday, the repeat prescriptions have now been rectified and now have gone back to electronic prescriptions and have a new designated chemist , and repeats for 3 months instead of 2 weekly so I am really happy.'

Consistency in general practice service delivery

Healthwatch York appreciate current challenges surrounding general practice service delivery due to the way services are funded and managed. However, feedback has highlighted several areas which should be considered in order to promote a fair and consistent approach to access, standards of practice and communication across GP surgeries for the patients and people of York.

Areas for consideration include access to NHS Repeat Dispensing Service (eRD) where appropriate for the patient, and access to fair alternatives to online ordering for those who are not able to communicate through these, such as well managed telephone systems.

Recommendations

Healthwatch York recommend that people who are having considerable difficulties accessing their own, or someone they care for, repeat prescriptions should make an appointment with their GP and request reasonable adjustments to be made. Where issues continue to arise, they should contact the NHS Vale of York CCG Patient Experience Team or Healthwatch York for further support.

Recommendation	Recommended to
<p>Feedback: People not knowing about the changes and what their rights are to request reasonable adjustments. The challenges faced by pharmacies in implementing the changes and the disruption felt by members of the public.</p> <p>Healthwatch York argue for increased public and service engagement PRIOR to changes taking place and increasing the time given for such transitions to allow for further engagement. We would suggest:</p> <ol style="list-style-type: none"> 1) Work closely with local pharmacies to understand customers locally and gather information about the current situation 	<p>NHS Vale of York CCG.</p>

<p>and working processes within pharmacies that support effective practice. Listen to recommendations proposed by local pharmacies to work towards an effective approach.</p> <p>2) Work closely with members of the public to educate about the changes and listen to their challenges.</p> <p>3) Work with voluntary sector groups such as Age UK, York Older People’s Forum, Carers Centre and Healthwatch York to understand difficulties of specific groups and support services accordingly.</p> <p>4) Work closely with both larger and smaller GP surgeries to ensure understanding and review current methods for identifying ‘assisted patients’.</p>	
<p>Feedback: Failure to identify some individuals who would benefit from assisted patient status. GP surgeries failing to support some individuals to make reasonable adjustments. The particular challenges faced by carers. People’s concerns about what they will do when they get older/unable to manage.</p>	<p>GP surgeries, NHS Vale of York CCG.</p>

<p>Further work is required to address current access problems for carers, older people and other vulnerable groups to reduce inequalities. Further efforts are required to identify ‘assisted patients’ effectively and improve how reasonable adjustments are proactively made for individuals having difficulties to access medications. All staff who deal with patients face to face should know about the possibility of assisted status and reasonable adjustments.</p> <p>In terms of reasonable adjustment, particular attention should be made for people experiencing a disability, impairment or sensory loss in line with the accessible information standard (2016)¹². Training should be provided to general practice staff, if required, to ensure adherence to this standard.</p>	
<p>Feedback: Inconsistency in general practice service delivery. Some services offer telephone access, some do not. Online access not appropriate for some,</p>	<p>GP surgeries, NHS Vale of York CCG.</p>

¹² The accessible information standard, one of the vital components of the care act 2014, requires a consistent approach to identifying a person’s needs where it relates to a disability, impairment or sensory loss. It involves health services taking steps to ensure that the individual receives information in an accessible format and any communication support which they need in the aim to reduce inequalities.

including many carers. The use of eRD for appropriate patients.

Work to promote a fair and consistent approach to access, good standards of practice and effective communication across general practice in York via:

- 1) Fair alternatives to online ordering for those who are not able to communicate in this way. An example may be via telephone systems across all GP surgeries.
- 2) Considering the possibility of creating a reminder service from GP surgeries to support individuals to order.
- 3) Promote use of eRD where it would provide greater support and safety for some patients. Ensure GPs attend training and are proactively using systems that support and benefit patients first.

Given that Vale of York was not the first CCG to implement these changes we see potential for NHS England to horizon scan these changes and policy implementations across localities and develop good practice guidelines to support CCGs in this process.

NHS England

Appendix

NHS Vale of York CCG information leaflets about the prescription process

How you order medicines is changing leaflet. Available at:

<https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=156>

Helping you to manage your medication – easy read leaflet.

Available at:

<https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=157>

NHS Vale of York CCG website with information about changes to prescription ordering. Available at:

<https://www.valeofyorkccg.nhs.uk/campaigns/repeat-prescription-ordering/>

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York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York. York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

This report

This report is available to download from the Healthwatch York website:
www.healthwatchyork.co.uk

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If you would like this report in any other format, please contact the
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