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| <b>SCRUTINY:<br/>HEALTH AND SOCIAL CARE REVIEW<br/>GROUP</b>  | <b>AGENDA ITEM<br/>9</b> |
| <p><b>DATE OF MEETING:</b> Wednesday 8<sup>th</sup> October 2014</p> <p><b>REPORT OF:</b> Healthwatch Luton</p> <p><b>REPORT AUTHOR:</b> Kay Kokabi – Project Officer      <b>TEL :</b> 01582 817060</p> <p><b>SUBJECT:</b> Pharmacy Managed Repeat Prescription Ordering Service</p> |                          |

## **PURPOSE**

1. In accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and guidance issued thereunder, to refer to the Health and Social Care Review Group, Healthwatch Luton's (HW Luton) concerns in relation to the Luton Clinical Commissioning Group's (LCCG) proposed decision to stop patients from using the pharmacy managed repeat prescription ordering service for review.

## **RECOMMENDATIONS**

2. That the Health and Social Care Review Group review the concerns of Healthwatch Luton regarding Luton CCG's proposed changes to the pharmacy managed repeat prescription ordering service in Luton.
3. That after reviewing these concerns and examining information provided by Luton CCG, the Health and Social Care Review Group consider making appropriate recommendations to ensure any final decisions regarding the pharmacy managed repeat ordering service in Luton reflect patients' best interests.

## **REPORT**

### **Background**

4. On 13<sup>th</sup> May 2014 LCCG provided HW Luton with a copy of their '*Managed Repeats Executive Report, April 2014*'.

5. This report contains the results of an audit LCCG carried out on repeat prescriptions, between Oct 2013 – Jan 2014.
6. 3.2 million items are prescribed annually, it is estimated that 2.1million items are for repeat medication.
7. The audit looked at 319 patient records (across 18 practices) and viewed 1498 repeat medication items (sample size of 0.07%).
8. The audit revealed 29% of over ordering via the managed repeat service.
9. The audit data indicates that several pharmacies and several practices do not have robust systems in place to manage their respective managed repeat and repeat prescribing processes.
10. The report listed several limitations and assumptions to the methodology and results of this audit.
11. The report recommended that Luton CCG adopt a similar approach to Scotland in introducing a set of standards for Managed Repeats and consider running a public campaign to encourage the public to recognise the value of prescribed drugs and reduce wastage. The Scottish standards reflect the standards set by the Royal Pharmaceutical Society.
12. The report includes an additional 5 recommendations which are focused on improving the systems in place across GP's and pharmacies and working with individual pharmacies and practices where significant excess medicines waste is generated.
13. The recommendations in this report do not include stopping the pharmacy repeat prescription ordering service in Luton.
14. HW Luton made it clear that we supported the implementation of all 6 recommendations detailed in this report.
15. Two days after receiving this report we were informed that the LCCG Prescribing Committee agreed (on 27<sup>th</sup> April) that the managed repeat service should be stopped across Luton as soon as possible.
16. We expressed our concerns about the fact that there had been no discussion with HW Luton on this, no evidence of engagement with patients and no connection between this decision and the recommendations detailed in their audit report.
17. We were told that voting would take place on 8<sup>th</sup> May and we requested our attendance to the CCG's Clinical Commissioning Committee to raise our concerns.
18. We attended, raised our concerns and this resulted in the Committee agreeing that more information was required (including an equalities impact assessment) and the decision would be deferred.

19. On 17<sup>th</sup> July, the Clinical Commissioning Committee was presented with three options (all of which have no connection to the recommendations listed in the CCG Audit Report). HW Luton Chair attended this meeting (non-voting rights): The three options presented are:
  - I. Do nothing
  - II. Stop the repeat prescription ordering in its current format – This means that pharmacies will not be able to order medicines for the majority of patients.
  - III. Stop automated ordered repeat prescription ordering – This option would allow only patient ordered repeat prescriptions, where there is direct input from the patient or carer.
20. HW Luton was in favour of option 3. The CCC voted for option 2. The CCG stated that option 3 would require very robust systems to be put in place to ensure requests submitted were with patient/carer input – HW Luton would expect systems to be in place to monitor quality and patient safety – Luton's annual prescribing budget is £25.5m and 80% of this is for repeat medication (approx).
21. Discussions at this meeting included the need to have a system that met the needs of patients. The chair went for a vote - despite members asking for clarification on what was being voted on. The chair said the details would be "sorted out" afterwards.
22. Despite several requests for copies of the minutes (still not received) we are aware that the minutes from this meeting do not reflect the discussions and our chairs request for it to be a matter of record that unless option two's wording was changed to reflect the need for a whole systems approach then HW Luton would escalate - to our knowledge this has not happened.
23. We agreed with CCG that a joint working group was required for the purpose of planning a review to the whole system.
24. This group was created as a Task & Finish Group and has solely focused on the implementation of stopping the repeat ordering service. There has been no information or focus on improving the system or improvement plans for practices – as a result, we took the decision to withdraw from this group.

**Concerns:**

25. We have been requesting further information and clear evidence from CCG to understand how they came to the decision to select these 3 options and decide to vote for option 2 – we have no confidence that the CCG have clearly evidenced their justification for taking this decision and have not considered the true impact this change will have on the local population:
26. The CCG have conducted a limited resident consultation that included focus group at Impact MH and two patient groups (17 during a focus group with Age Concern and 9 people during a Diabetes UK focus group). Despite several requests, the CCG have not provided us with any further reports on their engagement and results (including Impact and PPG's) - the CCG have estimated that this change will impact approximately 60,000 – 70,000 people.

27. There is little evidence of the CCG trying to gain an understanding of the issues faced to inform or change the process. It was aimed at option 2 or nothing rather than trying to understand the “system from a patient perspective” - we raised this concern at the CCC meeting in July that any work must not be designed to fit the preferred decision.
28. The CCG are unable to tell us how many people in Luton use the repeat prescription ordering service – they do not know the total number.
29. The CCG have stated that patient safety is paramount – they have detailed two cases of risks to patient safety due to errors in managed repeats ordering.
30. We have received evidence from pharmacies which highlights risks to patient safety due to errors in GP prescribing.
31. Access issues - The Healthwatch Luton GP review identified serious access issues with GP practices including physical access, telephone access and internet systems. 82% (658) of patients surveyed did not know or were unsure if their GP practice had online facilities.
32. GP surgeries are currently operating at maximum capacity. This is evidenced by the Healthwatch Luton GP review and the comments provided by practices in response to the review. We have not seen evidence of any proposals that will be implemented to ensure that GP surgeries can cope with an increase in demand, footfall and access to surgeries.
33. LCCG have not been open and transparent with us – they have been contradictory on several occasions: They have sent letters out to practices informing them to stop repeat ordering arrangements with pharmacies. Practice staff and pharmacists have been informing patients of this service change – none of this is in accordance with timescales they have discussed with us.
34. We submitted an Freedom of Information (FOI) to LCCG for information on the following areas: number of regular prescriptions, number using managed repeat prescription service, Process for GP monitoring of repeat prescriptions, policy for medication reviews, number of medication reviews completed – LCCG replied by stating that they “*do not hold this information*”. They have offered to meet to discuss our FOI request.
35. The CCG have provided us with details of their prescribing budget and expenditure. Information reveals that in 2013/14 20 out of 31 GP surgeries overspent their prescribing budget. In 2014/15 the forecast is 20 out of 31 will overspend their prescribing budget
36. CCG have advised us that patient letters need to go to the printers for mass distribution no later than 23<sup>rd</sup> September 2014.
37. We are extremely concerned about the deteriorating relationship with pharmacists and feel this could damage the system. Community Pharmacies are seen as a significant part of the health economy.

### **Our Key Points:**

38. Lack of evidence to justify the decision (two cases highlighted pharmacy incorrectly ordering).
39. No connection between 3 options and 6 original recommendations (audit report).
40. Audit report and patient feedback identified need for whole system improvements.
41. Concerns with the speed that the decision to stop pharmacy managed repeats is being implemented:
42. No testing/analysis/patient feedback on current repeat ordering systems in place at general practices – HW Luton able to independently test this.
43. Not enough planning/detail about protecting 'vulnerable patients'.
44. A restriction in patient choice and access.
45. There is a reluctance to implement robust systems and process for a high quality repeat ordering services in Luton.
46. Lack of patient/service user engagement for a decision with such a potential impact.
47. Lack of data to evidence the number of patients implicated.
48. Lack of data to evidence waste and patient safety issues rest solely with community pharmacies as GP prescribing practices have not been assessed or analysed.
49. Lack of data to evidence measures are in place for GP practices to adequately and safely manage the increase in prescription requests at GP practice level when community pharmacies can no longer do so.

### **APPENDIX:**

None

## BACKGROUND PAPERS:

### List of documents referred to and relied upon in this report:

| Document Title   | Date Received                  | Description  |
|--|--------------------------------|--|
| A Review of GP services in Luton   | April 2013                     | Healthwatch Luton GP Services Review Report  |
| Managed Repeats Report Exec Draft 1 April                                | 13 <sup>th</sup> May 2014      | Original LCCG Audit Report   |
| Managed Repeats Update May 8th 2014                                      | 13 <sup>th</sup> May 2014      | LCCG Paper presented to CCC in May   |
| ATT01767 managed repeats   | 14 <sup>th</sup> July 2014     | LCCG Paper presented to CCC in July  |
| ATT01779 integrated impact assessment form                               | 14 <sup>th</sup> July 2014     | LCCG Integrated Impact Assessment presented to CCC in July                               |
| ATT01791 patient brief   | 14 <sup>th</sup> July 2014     | LCCG briefing used for patient engagement  |
| Implementation Plan Draft v11recd8Aug14fs                                | 11 <sup>th</sup> August 2014   | LCCG Implementation plan   |
| Repeat Prescription Consultation - Age Concern Luton July 2014           | 8 <sup>th</sup> September 2014 | LCCG consultation with Age Concern report  |
| Luton CCG Community Pharmacy Repeat Prescription Ordering Service Report | 8 <sup>th</sup> September 2014 | LCCG consultation with Diabetes UK report  |
| L497 - Prescribing   | 8 <sup>th</sup> September 2014 | Response to Freedom of Information Request issued by Healthwatch Luton to LCCG           |
| Practice Budgets 2012 - 2015   | 8 <sup>th</sup> September 2014 | Medicine prescribing financial budgets requested by Healthwatch Luton as part of the FOI |