AGENDA ITEM

2

MINUTES OF THE HEALTH AND SOCIAL CARE REVIEW GROUP

WEDNESDAY 8TH OCTOBER 2014 AT 6.00 PM – COMMITTEE ROOMS 1 & 2

PRESENT: Councillor Foord (Chair), Councillors, Campbell, Mead (Substitute for Cllr Moles) Knight T. Malik, Roden (Substitute for Cllr Gale) and Zia.

CO-OPTED MEMBER: Mr. Norris Bullock **and** Mrs. Farrah Gilani – Healthwatch Luton

IN ATTENDANCE: Councillors Akbar, N. Ayub, M. Ayub, Hussain, A. Khan, Riaz, Saleem

SUPPORT OFFICERS / ADVISORS:

David Foord - Luton CCG

Carol Hill - Chief officer, Luton CCG

Kay Kokabi - Healthwatch Luton

Eunice Lewis-Okeowo – Democracy and Scrutiny Officer (LBC)

Coll Michaels – Chair, Beds Local Pharmaceutical Committee

Samir Patel – Vice-Chair, Beds Local Pharmaceutical Committee

Dr Mark Patten - Medical Director, Luton & Dunstable Hospital

Dr Nina Pearson – Chair, Luton CCG

Bert Siong - Democracy and Scrutiny Officer (LBC)

Rebecca White – Licensing Officer (LBC)

Gerald Zeidman – Chief Officer, Beds Local Pharmaceutical Committee

PUBLIC/ LOCAL COMMUNITY REPRESENTATIVES:

Sahzana Bhatti, Dr Arshad Mahmood, T. Mehmood, Ishaq Kazi, Imran Khan, Munir Khan, Shahid Rashid, and others not signed in.

		ACTION
57	**APOLOGIES FOR ABSENCE (REF: 1)**	
	Resolved: Apologies for absence from the meeting were received on behalf of Councillors J. Davies, Gale and D. Moles.	
58	**MINUTES (REF: 2.1)**	
	Resolved: Consideration and sign off of the minutes of the meeting held on 11th September 2014 be postponed to the next meeting of the Committee on 18th November 2014.	
59	**CHAIR'S UPDATE (REF: 6)**	
	None for this meeting	

		ACTION
60	**NON INVASIVE POST MORTEMS/ MINIMAL INVASIVE AUTOPSY: UPDATE (REF: 7)**	
	Rebecca White, the Licensing Officer presented the Public Protection Service Manager's report (Ref: 7) in relation to the Coroner's Policy and Practice and related processes and in particular, the progress achieved in setting up the Non Invasive Post Mortems/ Minimal Invasive Autopsy pilot. She referred the Committee to the details in the report, stating the pilot scheme had started from 1st October at the John Radcliffe Hospital in Oxford and would be reviewed after 6 months. She added a local undertaker had been identified to transport suitable cases identified by the Coroner to Oxford for the procedure. She informed the Committee of the key elements of the Pilot, reproduced from the report below for ease of reference: • Request is initiated by the family of the deceased; • Assessment is carried out by the Coroner's Office to see if the case is suitable for MIA; • Additional costs for the MIA would be levied to the family (those costs over and above the usual Coroners costs); • If so arrangements will be made to transfer the deceased from the Mortuary to the facilities at the John Radcliffe Hospital to be scanned; • Pathologist to perform the MIA at either 06.30 or 18.00, Monday to Friday excluding Bank Holidays; • Autopsy will be limited as appropriate according to the findings of the imaging; • Aspiration of fluids for toxicology and biopsy for histology will be performed as required; • If necessary a decision may be made to proceed to invasive autopsy; • The Pathologist will provide an immediate cause of death to the Coroner's Office; • Additional costs of the MIA will be processed through the funeral director direct with the family as there is no Burial Society in place. She stated although the scheme was mainly driven by the needs of the local Muslim community, it was also opened to any other communities for consideration. Responding to questions/ queries, further information was provided by a number of participants as summarised below. Rebecca White stated the Council's involvement did not extend beyond facilitating the scheme. The Coroner was wholly responsible for the pilot scheme, in collaboration with the Funeral Director.	

Dr Mark Patten said the L&D had been part of the group exploring the setting of the pilot, but did not possess the radiography expertise/ skills in – house and would have struggled logistically, with lack of scanner capacity. Radiography staff was also unwilling to volunteer, given the lack of expert skills required for the process. If the pilot scheme proved successful, the issue of provision at the L&D could be re-visited.

Cllr A. Khan commented the Council of Mosques was working with Funeral Directors on the matter of burial society. He added it appeared there might not be a need due to the small scale, which could be provided for by Funeral Directors, with members of the families making contributions.

Rebecca White commented to be able to issue a death certification GPs should ensure they see their end of life patients within 14 days before death.

Dr Mark Patten commented since involvement of the Coroner in the review, the number of coronial post mortems had gone down, due to death certification on balance of probabilities for patients with palliative diagnosis. The key message was palliative care should be provided more at hospices and at home, instead of patients being taken to hospital towards end of life.

Mr Kazi from the Council of Mosques commented the Coroner had been to the community and matters were satisfactory from the Coroner's perspective, but there were still many problems at the L&D hospital with long delays to get bodies released from the mortuary.

Dr Mark Patten stated it was an historical issue before his time, when bodies might have been released too early without due process and had caused a problem. He added the Bereavement Service was working hard to help, but on duty doctors must have treated patients before death to be able to issue a death certificate. Delays in death certification when doctors went off duty were a problem. He suggested there may be a need to review and relax the rules around the 'green form'.

A number of Ward Councillors present as well as members of the public from the local community expressed exasperation with the lack of progress in the last 18 months to 2 years in implementing the scrutiny committee's recommendations to speed up the process.

The Chair commented the Committee had the power to make recommendations, but had no power to force services to implement them. She added the committee would continue to monitor the situation and hold services to account.

Other comments made by members of the public and Councillors summarised as follows:

- There was a role for the Coroner, the L&D Hospital and GPs;
- GPs should visit their end of life patients;
- Four years of research findings and good practice from Bedford and elsewhere were not heeded, due to a lack of leadership in taking this matter forward;
- This was not a faith issue;

- Some matters had worsened since the original scrutiny recommendations were made;
- Care did not stop when doctors went off duty. There should be a proper hand-over procedure where a patient was expected to die;
- Deaths at week-ends were a problem, but less delay in week days;
- Out of small number of cases (about 5 a year), two recent cases where bodies needed to be sent to Pakistan, there was a 4 day delay, with telephone calls made to the Coroner's service met with lack of sensitivities and support.

Challenged on why the L&D Hospital was not participating in the pilot scheme, Dr Mark Patten re-iterated it was a matter of logistics, lack of expertise and staff already busy dealing with live cases and out-patients and not wiling to volunteer. He added staff provided a 24/7 service, with emergency cover out of hours. He also re-iterated the hospital would wait to see what the demand was from the pilot.

A Ward Councillor suggested the Professor from John Radcliffe had made a commitment to train local radiologists, but there was a lack of commitment from the L&D Hospital.

A number of Councillors and community representatives expressed disappointment the Coroner had not attended the meeting, a sentiment echoed by the Chair. She committed to invite HM Coroner to the next review on 1st April 2015.

Dr Nina Pearson, Luton CCG Chair commented people needed to understand scanning would not be suitable in every case, as it would only provide the answer as to the cause of death in a limited number of cases. She added the Coroner was working well with GPs to help with certification of death as long as a GP in the practice had seen the patient within 14 days, as he did not wish to see unnecessary post mortems carried out. This represented a shift from the previous culture, which should lead to improvements in the future.

The Chair commented progress had been very slow and requested relevant officers look at and give some importance to the key issues for the next review on 1st April 2015. She thanked all for their contributions to the meeting.

Resolved: (i) That the update on progress in relation to the recommendations of HSRCG on the Coroner's Policy and Practice and related processes be noted;

(ii) That the disappointment of the Committee, Ward Councillors, Community Representatives and members of the public with the very slow or total lack of improvement achieved in relations to the Committee's recommendations, and the non-attendance to the meeting by a number of key representatives, including HM Coroner* be recorded;

(iii) That the Committee next review implementation of its recommendations in relation to the Coroner's Policy and Practice and related processes, including progress of the Non Invasive Post Mortems/ Minimal Invasive Autopsy pilot, at its meeting to take place at 6.00 pm, on 1st April 2015 at Luton Town Hall, and that HM Coroner and all other key representatives be

	specifically requested to attend; (iv) That the Committee's thanks to Dr Mark Patten, Medical Director L&D Hospital, Dr Nina Pearson, Chair of Luton CCG, fellow Ward Councillors, Rebecca White, the Licensing Officer, Community Representatives and members of the public in attendance, for their input to the meeting be noted. **Note:** * Apologies received from HM Coroner for non-attendance to the meeting due to his sudden illness and hospitalisation on the day of the meeting.	

61	**REPEAT PRESCRIBING SYSTEM CHANGES (REF: 8)**	
	David Foord, Luton CCG's Director of Quality & Clinical Governance presented the Repeat Prescribing System Changes report (Ref: 8). He stated there was support from GPs and community Pharmacists to have a repeat prescribing system in place. He added the CCG had worked with member practices and reviewed a significant sample of patients' repeat medicine before arriving at their decisions as set out in the report. He stated the proposed system would have greater patients' involvement in requesting medicine, to reduce the risks of over-requesting of prescriptions and hence cut out waste, improve safety and reduce costs. Patients would make their requests for repeat medicine direct to the GP Practices, instead of pharmacists ordering for them to eliminate requests for everything, assuming no change by some pharmacists. He said there had never been a systematic approach to quality improvements in repeat prescribing, although this has been done to some extent in some practices. He said it was the intention every patient on a repeat prescription would be sent a letter explaining the range of ways that they could order their medicine. He added there would be a guide/ protocol and plan to identify and help vulnerable patients on how to get their medicine. Separate to this change, GP practices are currently identifying their top 2% of patients at risk of hospital admission to develop personalised care plans for them. This is likely to include the most vulnerable of patients; therefore, how they request their repeat prescriptions would be included within these plans. He informed the Committee one Practice had already taken the decision to implement a change in the repeat prescribing system resulting in one community pharmacy no longer making managed repeat requests on behalf of patients. Although the reasons could not be given, he said the Practice was already experiencing an improvement in their prescribing process, with GPs having more time to review patients' repeat medication. He said the CCG expected to implement the changes across the whole of Luton and any savings made would be re-invested by the CCG in other services. He said there had been engagement with all parties, particularly public, patients, Healthwatch and the Local Pharmaceutical Committee and acknowledged the changes were not welcomed by all. A Member commented she was aware of the practice where a change had occurred and that she had seen a significant improvement. Patients could order online, with the pharmacists still picking up the prescriptions and dispensing. The CCG Director of Quality and Clinical Governance added this was a small part of wider work to support practices and the public to remove safety risks and significant waste issue.	

Pharmacy Managed Repeat Prescription Ordering Service (See Minute 62)

The Chair invited Kay Kokabi, the Healthwatch (HW) Luton Project Officer to present his report (Ref: 9) in response to the Luton CCG's report.

The Project Officer said HW was very disappointed it had not been able to resolve their differences with Luton CCG, regarding the automatic repeat prescribing, especially as they had in the past and currently worked closely and positively in other areas.

He added lessons had been learnt and that the details of their concerns were as set out in his report. He made a number of key points as follows:

- There was agreement the automatic ordering system was not good practice;
- Of the 6 recommendations of the original CCG audit, stopping managed repeat ordering was not one of them ;
- Concern over safety issue and waste was accepted;
- What would be put in place to safeguard patients?
- Luton CCG had not provided data requested by HW Luton through Freedom of Information requests;
- Access to GPs was an issue in Luton as shown in the recent HW Luton GP Practices survey. If there was a significant increase in demand for prescription reviews GPs could be overwhelmed;
- No audit of GPs had been done;
- HW Luton would like to see what would be put in place to reduce wastage;

He said HW Luton's referral to the committee was due to not understanding what was going on.

Bedfordshire Local Pharmaceutical Committee

The Chair invited the Bedfordshire Local Pharmaceutical Committee (LPC) representatives to make comments.

In essence, they made a number of points as follows:

- The LPC had not been fully consulted by Luton CCG;
- The CCG was attempting to 'railroad their decision;
- The CCG's authority to make the decision was questionable;
- Repeat prescribing was a tripartite NHS contract between GPs, patients and Pharmacies;
- The whole practice of Community Pharmacies had been undermined – the CCG's action was disproportionate to the size of the problem';
- The LPC would be happy to discuss systems change to improve safety;
- The LPC understood the need to reduce waste;
- Some pharmacies might need help to improve, but these were in the minority;

- The majority were working well, with excellent protocol in place and providing an excellent service for patients in Luton;
- The LPC had not been able to have the necessary discussions with the CCG on how to manage the prescription budget and to understand how GPs would work;
- The LPC was concerned about the capacity of GP Practices to take on the expected increase in workload.

The Luton CCG's Director of Quality and Clinical Governance agreed Community Pharmacies performed a valuable role and that the CCG continues to be happy to work with the LPC.

Responding to the concerns raised he made the following points:

- The 6 options from the original audit were about improving safety and reducing waste, but it was considered by the CCG that these proposals did not go far enough to achieve the improvements required;
- The decision of the CCG was to implement a whole system approach;
- GP Practices' process needed to be fixed at the other end, providing best practice to improve GP Practice prescribing;
- Every prescription would still go to a pharmacy to be dispensed, but there would not be automatic repeat ordering;
- A short-term GP workload increase was acknowledged, but would reduce in the long term as evidenced from the Practice that had already made the change;
- The repeat prescription agreement between the 3 parties – Patient – GP and Pharmacy was a private arrangement and not part of the contract pharmacies have with the NHS;
- Luton CCG is a membership body, made up of member GP practices. The decision was on behalf of the membership;
- Any changes needed to be co-ordinated; if one practice implemented the change and not others, that might lead to fragmentation of approach and confusion for patients.

Dr Nina Pearson, the CCG Chair made a number of points as follows:

- GPs scrutinised every medication prescribed, new or on repeat and still there were dangerous practices taking place;
- The decision of the CCG was to stop automatic re-ordering; other systems would not be stopping and patients would still continue to have access to prescribed medicines;
- Pharmacists were running businesses and had professional responsibilities, but there are conflicts of interests;
- HW was valuable as Patients Champion, but were mixing up patient access to GP appointments with ways of ordering medication;

The Director of Quality and Clinical Governance said every patient prescribed a repeat medicine would receive a personalised letter explaining the

range of choices available to them.

The HW Project Officer stated although HW was part of the steering group, they had not seen the implementation plan and not received data requested from the CCG.

The Director of Quality and Clinical Governance explained the CCG had shared information at its disposal, but could not provide information they did not possess or could not guarantee the accuracy of, e.g. how many patients were on repeat prescriptions, which was information held at individual GP Practice level. He added the CCG believed it was in the order of 30000-40000.

Coll Michaels, the LPC Chair commented as follows:

- He was a Pharmacist and a Director of a business, but subscribed to the ethics of his profession;
- Every prescription originated from a patient;
- The LPC would be happy to help smooth any problems in the system intelligently and to be of value to GP colleagues and patients, as it was not a matter of boosting profits;
- The LPC was willing to share good practice with colleagues identified as not doing the right things;
- The LPC was concerned about increased in demand for GPs, e.g. how they would cope with potentially an extra 10000 telephone calls;
- Discussion was needed before the CCG did away with the old system.

The CCG Chair said queries from patients often came from Pharmacists to the GPs. She added the change was a difficult decision which had to be taken.

A co-opted member queried the information in Table 1 of the report, as to why GPs did not advise on safety and commented the CCG should not stop the whole system, but instead sort out the smaller individual problems.

The Director of Quality and Clinical Governance explained that some quantities of repeat medication, e.g. Insulin, could not be predicted in advance. He agreed GPs were responsible for the medication they prescribed, but could not check every repeat prescription request due to the sheer scale of their workloads.

The CCG Chair commented it was a problem for the current number of GPs trying hard to keep the system running. She said automatic ordering greatly added to GPs' workload and was concerned if overworked, there was a danger some prescriptions might not be scrutinised as closely as they should be. She added the decision of the CCG was one measure to reduce risk to patients and that there would be a safety issue if the Scrutiny Committee halted that decision.

A co-opted member commented there was a need for partners to get together and resolve their differences in the interest of Luton patients.

Samir Patel, the LPC Vice-Chair commented as follows:

- GPs did not always delete old prescriptions and although not contracted to do so, pharmacists did encourage them to improve their records;
- Where patients interacted with their pharmacists, GPs validated prescriptions;
- There was no willingness by some GP Practices to implement electronic prescribing.

The HW Project Officer said HW would be willing to help out with further public/ patient engagement if necessary. He added the recent HW GP Practices survey revealed that out of the 300 Patients interviewed, 98% were happy with their repeat prescriptions.

A Member quoted a personal experience of the rigidity of a pharmacist not willing to vary a prescription, despite the medication not being required on one occasion.

The LPC Vice-Chair commented Pharmacist could only dispense what was prescribed. He added GPs and Pharmacists were partners in health care, but conceded it was questionable whether procedures were always followed.

The CCG Director of Quality and Clinical Governance stated the current project was not the first attempt to improve system, and significant efforts had been made over many years to improve things.

The HSCRG Chair commented the Health & Wellbeing Board was aware of and interested in the issues with the CCG's decision and had requested to be informed of the outcome of the scrutiny committee's review. She added the differences did not appear insurmountable and requested the CCG find out exactly the points of disagreements with Healthwatch and the LPC and try to resolve them.

Responding to a Member's comment, the LPC Vice-Chair stated patients had a choice how to order their repeat prescriptions, but there were social implications as some cannot order their medicine.

The CCG Chair said there would be a smaller vulnerable group than was currently the case.

Gerald Zeidman, the LPC Chief Officer commented the CCG was unreasonable to use the example of one practice to make wholesale change.

The LPC Chair said his members would wish to be able to continue to order on behalf of patients.

Carol Hill, the CCG Chief Officer commented there was no wish to disrupt patients who could order for themselves and that this matter should be able to be resolved between the professionals.

The LPC Chair stated the LPC was willing to work with the CCG on implementing a system called Repeat Dispensing, as the contracted Government's initiative had not been acknowledged by the CCG.

The CCG Chair commented that Repeat Dispensing would be fine for a small number of stable patients, but not for those were regularly in and out of hospital.

Having allowed detailed discussion between all relevant partners to take place, the HSCRG Chair proposed a motion to the committee, which was seconded and agreed, that:

"As the differences could not be resolved at the meeting, but there were indications all parties were willing to enter into further discussions to resolve their differences, the Committee should delay making any recommendations on this matter and set up a mini health scrutiny review Task Group to provide a forum and the opportunity for the professionals to enter into further discussions to resolve the points of disagreement and reach a compromise to enable changes to go ahead for the benefits of Luton patients and report back to the next meeting of the full Committee on 18th November 2014."

The CCG Chair requested that it be noted that there was a continued safety risk to patients of any further delay in their implementation of the changes resulting from the Committee's decision.

Resolved: (i) That having examined and considered the decision of Luton CCG in relation to the repeat prescribing system changes and the concerns of Healthwatch Luton, the Patients' Champion and Bedfordshire Local Pharmaceutical Committee representing Luton Community Pharmacists, the Committee acknowledged as follows:

a. There were agreements on the general direction of travel of Luton CCG's proposals to improve patient safety, reduce wastage and hence costs and improve efficiency of the repeat prescribing system in Luton;

b. There was an alleged lack of transparency with the process leading to the CCG's decision, particularly around stakeholder engagement;

c. There were unresolved disagreements over the details of the changes, particularly around safeguards for vulnerable patients unable to deal with their own repeat prescriptions;

d. The Local Pharmaceutical Committee was not satisfied Luton CCG had properly taken account of the NHS tripartite arrangement between Patients, GPs and Community Pharmacists on repeat prescribing;

e. The Local Pharmaceutical Committee felt aggrieved their members, local Community Pharmacists had not been properly consulted and that the decision on the sweeping changes ignored their views;

f. The differences could not be resolved at the meeting, but there were indications all parties were willing to enter into further discussions to resolve the points of disagreement and reach a compromise to enable required changes to go ahead;

g. The professionalism of all parties involved and of the positive contributions of local Community Pharmacists towards health care and improving outcome for patients' use of medicine, despite their business interests was recognised;

	(ii) That in view of (i) a-g above, the Committee delay making any recommendations on this matter and set up a mini health scrutiny review Task Group to provide a forum and the opportunity for all parties to enter into further discussions to resolve the points of disagreement and reach a compromise to enable changes to go ahead for the benefits of Luton patients; (iii) That the Scrutiny Team Leader be authorised to set up and facilitate the mini Member led health scrutiny review Task Group as at (ii) above; (iv) That the review Task Group proceed with due diligence and speed and be in a position to report its findings to the scheduled meeting of the Health & Social Care Review Group on 18th November 2014. (v) That the Health & Social Care Review Group note Luton CCG's concern that the delay in their implementation of the changes resulting from the Committee's decision (as at (ii) above) posed a potential risk to existing safety issues. (vi) That the Committee's thanks to David Foord, Carol Hill and Dr Nina Pearson of Luton CCG, Kay Kokabi of Healthwatch Luton, Gerald Zeidman, Coll Michaels and Samir Patel of the Bedfordshire Local Pharmaceutical Committee for their input to the meeting be noted.	
62	**PHARMACY MANAGED REPEAT PRESCRIPTION ORDERING SERVICE (REF: 9)**	
	This item was a referral from Healthwatch Luton to HSCRG under legislative powers within the new health scrutiny Regulations. The matter was considered simultaneously with Item 61 above, which was Luton Clinical Commissioning Group's (CCG) response to the concerns raised by Healthwatch Luton about the CCG's decisions to change the Repeat Prescribing System. **Resolved:** See Item 61 above.	
	(Note: The meeting ended at 8.40 pm)	