

Repeat prescription ordering pilot

Initial outcomes and findings

September – November 2016



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Executive summary

This report gives an overview of the first three months of operation of the repeat prescription ordering pilot - the midway point in the duration of the pilot.

A range of data is presented in this report collected at different points in the development and introduction of the pilot – from the views and experience of residents and other stakeholders to help shape the initial pilot, to prescribing statistics following the scheme's launch.

Seen together, this data begins to determine the impact and effectiveness of the pilot. The findings also inform a number of recommendations for NHS Southport and Formby Clinical Commissioning Group (CCG) and NHS South Sefton CCG to consider when supporting the further voluntary roll out of the pilot amongst their member GP practices.

About the pilot

NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG governing bodies approved the pilot in May 2016.

Its aim is to reduce the high cost of wasted medicines to the local NHS and importantly improve patient safety issues identified via membership GP practices and face to face contacts with patients by the medicines management team over a period of time.

It means that participating GP practices only accept repeat prescription requests direct from patients or carers (excluding blister pack patients), no longer accepting orders from pharmacies or other third party providers on behalf of patients.

Key points about the current pilot:

- 19 GP practices across Sefton opted in and started the six month pilot on the 1st September 2016
- 45,000 patients were written to in August 2016 to advise them of the pilot, out of a total population of 105,847 patients registered in those pilot sites

The following elements of the pilot have been essential in designing and implementing the pilot:

- The CCGs' joint medicines management team has provided ongoing direct support to those practices and patients involved in the pilot
- Equality impact assessment of the pilot has been central to informing the implementation of the pilot, in addition to associated feedback and engagement plans
- Engagement with all stakeholder groups began at the point of the pilot's initial design and is ongoing to ensure views and experiences are captured at all points of the schemes implementation. This will provide a fuller understanding of the impact of the pilot.

Initial findings

Analysis of the data in this initial evaluation report suggests some positive outcomes of the pilot. In particular, findings show reduced spend on medicines at participating practices resulting from a significant reduction in the number of items dispensed, which correlates with associated improvements in patient safety and quality.

The following tables highlight the impact of the pilot so far by CCG and more detail can be found in Appendix 1.

NHS South Sefton CCG

Pilot sites show an average of 4% greater reduction in items prescribed and 6% greater reduction in actual cost compared to non-pilot sites.

Estimated cost savings for the 3 months of the pilot compared to the same point in the previous year are £105k.

NHS Southport and Formby CCG

Pilot sites show an average of 5% greater reductions in items prescribed and 4% greater reduction in actual cost compared to non-pilot sites.

Estimated cost savings for the 3 months of the pilot compared to the same point in the previous year are £115k.

Data from engagement with the public and community pharmacists also suggests improvements around some aspects of how the pilot is implemented in individual surgeries.

This will inform refinement of the pilot's operation in the 19 surgeries currently participating in the scheme and will also inform its implementation in other member GP practices which have expressed an interest in joining.

It should be noted that much of the data presented in this report relates to less than half the total number of GP practices in Sefton, covering only the first three months of the pilot's implementation.

Therefore the results of ongoing analysis and engagement with key groups will be important in gaining a fuller understanding of the schemes success.

Background and pre-pilot work

Medicines waste costs the local NHS an estimated £2 million each year. However the CCGs' believe the real total is much higher and likely to be around £5 million.

As part of the CCGs' work exploring how this cost can be reduced to ensure their budget is used as effectively as possible in securing the best outcomes for as many patients as possible, the medicines management team began to look at introducing a repeat prescription ordering pilot.

This also followed concerns over a period of time from member practices via localities and from individual surgeries, as well as the medicines management team relating to problems associated with the third party ordering of repeat prescriptions.

Local guidance relating to the ordering of medication had been agreed between the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) historically, however problems still occurred.

Problems included patient safety incidents and increased medicines waste.

To devise its local repeat prescription ordering scheme, the medicines management team carried out a range of activities and exercises. This included speaking with the public, patient groups and professionals to explain the rationale for the pilot and this section of the report gives an overview of these activities.

GP practice engagement and support

All Sefton member GP practices were contacted by the medicines management team to determine their interest in joining the pilot.

A package of support was developed for those 19 participating practices, including face to face briefings, covering some administration costs, support in dealing with individual patients and online resources to support practices in their interactions with patients, carers and their practice patient groups.

Community pharmacy engagement

The medicines management team visited community pharmacies across Sefton to discuss the pilot in more detail and ask for initial feedback, which was largely positive and supportive of the scheme.

Pharmacies did however raise concerns over the impact on vulnerable patients and how they would be accommodated.

This gave the medicines management team the opportunity to ask that every pharmacy supply each pilot GP practice with a list of patients receiving monitored dosage systems and a list of patients whom the pharmacy felt may be vulnerable relating to the ordering of medication.

Public engagement

We carried out a number of activities from September 2015, before the pilot was introduced, to raise awareness of the cost and safety issues connected with medicines waste and to discuss a number of ways to reduce this, including the repeat ordering pilot.

A summary of these activities follows and more details are available on request.

- **Patient groups and other forums** - Our medicines management team attended a number of groups and forums to raise awareness of the cost and safety issues associated with medicines waste, and to gain views about the proposed pilot in the 12 months ahead of its introduction.
- **Big Chat 6 events June 2016** - These public events bring commissioners together with residents to talk together about the CCGs' work. Big Chat 6 focused on areas where the CCGs' might change services or programmes to reduce cost and at the same time make improvements for patients. The proposed repeat prescription ordering pilot was amongst the ideas discussed in detail at each CCG's Big Chat 6 event. Attendees were asked for their views and opinions through group discussions, real time voting and written feedback. More details can be found in the Big Chat 6 summary engagement report from the [CCG's website](#).

Public sector equality duty – Pre-equality Impact Assessment

An initial Equality Analysis (EA) report was undertaken by the CCGs in June 2016. The report tested the equality implications of the pilot and concluded that the pilot was not discriminatory in principle and as long as the practices ensured there is a facility in place for vulnerable patients and people with specific communication and language needs can and do receive repeat prescriptions with minimum of fuss. In cases where a patient is unable to manage their own situation then the process has to be in place to care for them – therefore 'making reasonable adjustments' in line with the CCGs duties. Public Sector Equality Duty (PSED) was met and a mitigation plans outlined in the report were embedded into the pilot planning and approach. The EA will be revisited and updated pending the results of engagement and ongoing evaluation. As a result of the EA we will set up a task and finish group to explore how we can better identify vulnerable patients and those with communications and information needs in line with the Accessible Information Standard. The EA report is available on request.

Quality impact assessment

A quality impact assessment has been undertaken and highlighted the need to ensure the pilot included robust mechanisms to identify vulnerable patients so continued easy access to medicines would be available to them. The full quality impact assessments are available on request.

Stakeholder analysis

Initial research and data, including the results of the equality impact assessment, fed into a stakeholder mapping exercise. This informed the project plan for the implementation of the pilot to determine where increased targeting of communication and engagement activities would be required. This stakeholder analysis is available on request.

Implementation

45,000 patients across Sefton on repeat medication were sent a letter relating to the pilot. Views on the content of the letter and leaflet were sought from members of Healthwatch Sefton.

Letters were sent to patients via Docmail - software based mailing system used by many Sefton practices - and compliant with data protection and information governance standards.

The CCG funded the cost of sending the letters and leaflets to patients and production of additional leaflets and posters used in surgeries and community pharmacies.

Queries and complaints

To date, an approximate total of 445 queries and complaints have been received about this pilot, via various routes. Most queries and complaints were directed to the Patient Advice and Liaison Service (PALS), as advised in the patient information leaflet (PIL) but some came via the CCGs administration team, the medicines management team, community pharmacists or the communications team, via social media. Queries and complaints received by PALS were all logged on Datix, the CCGs' joint risk management recording system.

An NHS email complaints box, set up and managed by the CCGs' medicines management team was reviewed on a daily basis. Responses were given via email, telephone or liaising with the patients GP practice or practice pharmacist.

A total of 87 queries and complaints were forwarded by PALS or the CCGs' complaints team to the medicines management team via the NHS email complaints box RPPS.ccg@nhs.net. Most queries/complaints were resolved to the patients' satisfaction but several remain unresolved as the patients didn't respond to email requests for permission to contact them by telephone for further discussion. An individual review of all the queries/complaints that were received by PALS showed the following:

Query or Complaint	Total received	Total resolved by PALS	Total forwarded to NHS email	Total forwarded to complaints
Query	291	241	50	
Complaint	96	59	37	
No leaflet received	17			

Table 1.- Breakdown of queries or complaints and outcomes following PALS intervention

Freedom of Information (FOI) requests

We have received FOIs request relating to the pilot which have all been dealt with in the appropriate manner. The requests for information related to the following information;

- The cost of printing and delivering all the patient letters
- The quality impact on practices and patient population
- The estimated financial savings

Digital communications / feedback

Prior to the pilot being introduced, people could comment and ask questions using various digital communication channels including the CCGs' websites and Twitter feeds, along with Healthwatch Sefton's online feedback system.

This feedback was mainly from patients with queries or issues about the pilot which were addressed through the CCG's Patient Advice and Liaison Service (PALS) and which are documented in the PALS and complaints section of this report.

Community pharmacy evaluation

A total of 76 community pharmacies across both CCGs were asked to complete an evaluation form on a daily basis, regarding patient queries, once the pilot went live.

Evaluation forms were received from 5 pharmacies and numbers were too small to give an accurate evaluation from a community pharmacy perspective.

Local Pharmaceutical Committee survey

Sefton Local Pharmaceutical Committee (LPC) set up an online survey for community pharmacists to record issues relating to the pilot. A total of 90 queries/complaints have been documented between 1/10/16 and 10/11/16 on the survey report, forwarded to the CCGs by the LPC.

14 pharmacies, out of a total of 76 pharmacies across both CCGs, logged queries/complaints.

Many of the queries/complaints from patients are directly related to the pilot but some are related to the way that the repeat prescribing process is managed within individual GP practices e.g. prescription not signed.

Ongoing Engagement

GP practice engagement and involvement

Medicines management team support continues to be offered to practices in the pilot. A formal feedback mechanism will be developed to gain a fuller understanding of how well the pilot has worked in the 19 participating practices. This will help to ascertain any further issues and benefits of the pilot's implementation to practices and their patients.

Community pharmacy engagement and involvement

The CCGs' will look to develop a bespoke online survey to gain feedback and experiences from community pharmacies, in addition to liaising with the businesses professional committee the LPC. Monthly meetings are held with the LPC, where issues and concerns can be raised about the pilot in addition to other medicines management issues.

Public engagement

Online survey feedback and analysis

Prior to the launch of the pilot scheme on 1st September 2016, the CCGs published an online survey on their websites, inviting patients and carers to share their views and experiences of the pilot. The survey was initially posted on 9 August 2016 and is still open. Between these dates, 29 responses were received in total. The majority of responses - 20 in total - were from Southport and Formby patients. A summary and breakdown of the views received about the pilot from 9 August 2016 to 30 November 2016 is available on request.

The main suggestions for improvement were in relation to online and digital systems to better support patients in ordering their medication. These included:

- Text and email reminders/tracking system to inform patients of the status of their medication requests and orders
- Better communications and support for patients when ordering online
- A review of the existing online ordering system so that it is easier to use and includes simple to follow instructions, like the 'my.repeats' app.

Conclusions

- Although 45,000 Sefton patients were involved in the pilot, the response rate to the survey was extremely low at 0.06% of this patient cohort and this needs to be considered when reflecting on the survey results
- The majority of the respondents did not support the pilot and either reported on issues they had using the new systems or raised concerns about how vulnerable patients would be supported
- The majority of those patients/carers who expressed concerns about the difficulties they had or might have accessing the new way of ordering medicines had mobility issues
- Despite raising some concerns about the pilot, 5 respondents (17% of the total) supported the pilot in helping to reduce medicines waste and improve patient safety.

Outcomes

Dispensed items and costs

Initial results are showing positive outcomes with regard to number of medicines dispensed and cost. These can be seen in Appendix 1

There are a number of issues and caveats to be taken into account when analysing the data:

- Hightown Village Surgery has been excluded from the South Sefton analysis. The practice introduced a project to change from 56 day prescribing to 28 day prescribing, which has resulted in a significant increase in the number of items issued compared to the same point in the previous financial year.
- Other work projects the medicines management team are currently undertaking as part of QIPP savings, stop/start, care/nursing home and Virtual Ward reviews will affect prescribing activity.
- Some practices have new management/ownership that has significantly altered the practice prescribing policy (e.g. some have stopped PRN repeat prescribing)
- Increases/decrease in number of consultations available – (GP A/L, Absence, Retiring, Locums etc.).
- One practice in South Sefton mistakenly believed they were involved in the pilot and show significant reductions in prescribing activity.
- Non-pilot sites influenced by project and encouraging patients to take ownership of repeat prescriptions
- One non-pilot practice had a significant amount of 7 day prescribing which has been reviewed in this financial year.

To estimate the cost savings, relating to the introduction of the pilot, we assumed that the pilot sites would have the same item percentage growth as the non-pilot sites. This is a 2.2% increase for South Sefton and a 2.3% increase for Southport and Formby.

We took the pilot sites 2015 items and increased it by the percentage item growth of the non-pilot sites. We calculated the variance up against the pilot sites 2016 items and multiplied that figure by the average cost per item for the CCG. In South Sefton the average cost per item is currently £8.13 and in Southport and Formby its £8.03. The average cost per item for each CCG was taken from the Business Services Authority Information Services Portal.

This method produced estimated cost savings of £104,672 for South Sefton and £115,164 for Southport and Formby in the first three months of the pilot compared to the same point in the previous financial year.

Impact on GP surgeries

Practice managers, prescription staff and GPs involved in the pilot have been asked to feedback what impact the change in system has had on them.

Initially, this increased the workload for practice staff, as they had to deal with patient queries and complaints when patients received the letter about the pilot but medicines management provided ongoing support, as required.

Positive feedback relating to an overall reduction in workload, practices having confidence in the medication requests they receive and noting patients starting to take responsibility for their medication has been received.

Some practices report they continue to experience queries from patients relating to the ordering of medication. Further evaluation of this outcome needs to be undertaken in a consistent way. The increased uptake of online access for ordering prescriptions and making appointments has reduced the time spent by reception staff in the processing prescriptions, dealing with queries and booking patient appointments via the telephone.

GPs have reported that they are dealing with less medication related queries and comments are very positive. It is important that GP practices have a robust system in place to manage repeat prescription ordering for vulnerable patient groups, with dedicated reception taking responsibility for ongoing management.

An online evaluation for practices will be developed.

Patient quality improvements

In order to implement the pilot, the medicines management team ran monthly practice level searches to identify patients not ordering their repeat medication. This has highlighted a significant number of patients where there are potential concordance issues. The concordance issues highlighted pre date the introduction of the pilot however this needs to be continually monitored. The medicines management team has been contacting identified patients to discuss concordance and consideration will be undertaken how best to meet the needs of these patients in the future. This offers potential to significantly improve patient outcomes.

Patient Access

Practices have reported an increase in the uptake of online access for ordering prescriptions and other services. This is reflected in Appendix 2

Out of Hours medicine queries

Data provided by the out of hours provider details the number of medicines queries dealt with by themselves. Data over a longer period would need to be considered to compare trends to the previous year trends. See Appendix 3

Lessons learnt

There have been a number of lessons learnt from the pilot which will inform processes and support for other practices wishing to adopt no longer accepting third party medication requests.

Conclusions

Overall, initial results from the pilot are showing positive outcomes.

- In general, those practices involved in the initial pilot have found the scheme effective in reducing dispensed items and in improving quality and safety issues relating to their patients medicines
- There has been a significant reduction of dispensed items amongst those practices involved in the pilot, which correlates to a reduction in spend
- A number of member GP practices have expressed an interest in adopting the pilot, suggesting overall support for the pilot amongst surgeries
- Whilst there is broad support of the pilot amongst Sefton residents, people generally feel strongly that it should not disadvantage vulnerable patients and carers and there could be improvements in its implementation
- Whilst we need to do more to understand the experience GP practices involved in the pilot through formal feedback mechanisms, many have already reported a reduction in overall workload for both GPs and reception staff.

Ongoing analysis of prescribing data will be undertaken to estimate actual cost savings made as result of the pilot.

In addition, ongoing engagement, involvement and learning amongst all stakeholder groups will be undertaken to ensure continued assurance and evaluation of the pilot.

Appendix 1 - Dispensed Items and Costs

Sefton RPOS Pilot 2016/17 - Comparison of Items & Cost Growth September/October/November 2016 to September/October/November 2015

Prescriber Name (All)
South Sefton

RPOS Site	Sum of 2015 Items	Sum of 2016 Items	Items Variance	% Items Variance
Non-Pilot	560632	572835	12203	2.2%
RPOS Pilot	326548	320781	-5767	-1.8%
Grand Total	887180	893616	6436	0.7%
			333,656	RPOS Saving
			12,875	£104,672

Prescriber Name (All)
Southport & Formby

RPOS Site	Sum of 2015 Items	Sum of 2016 Items	Items Variance	% Items Variance
Non-Pilot	415141	424622	9481	2.3%
RPOS Pilot	310783	303539	-7244	-2.3%
Grand Total	725924	728161	2237	0.3%
			317,881	RPOS Saving
			14,342	£115,164

Prescriber Name (All)
South Sefton

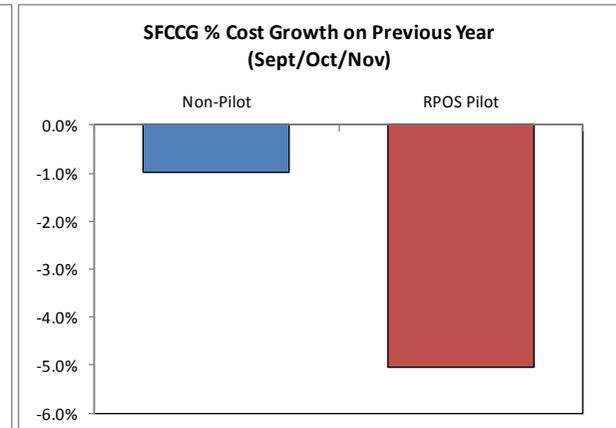
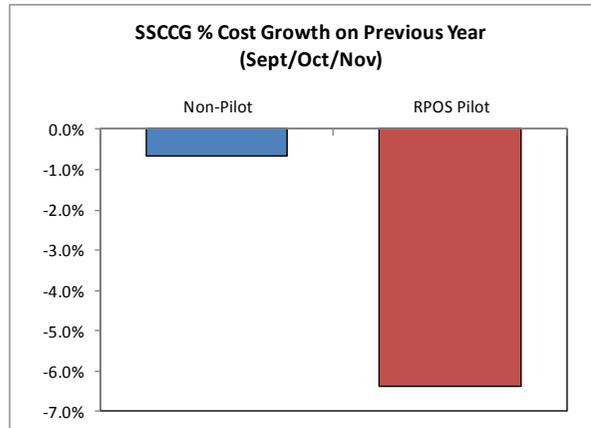
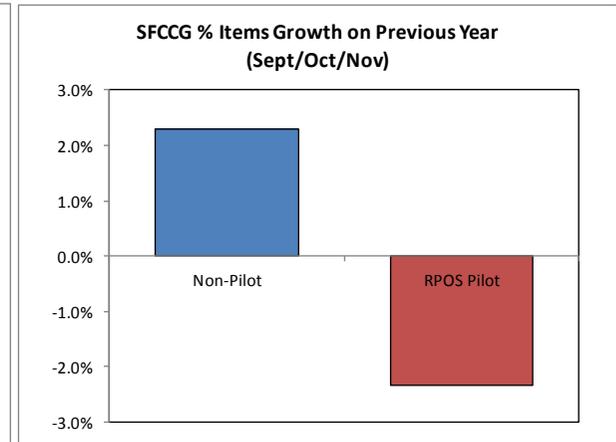
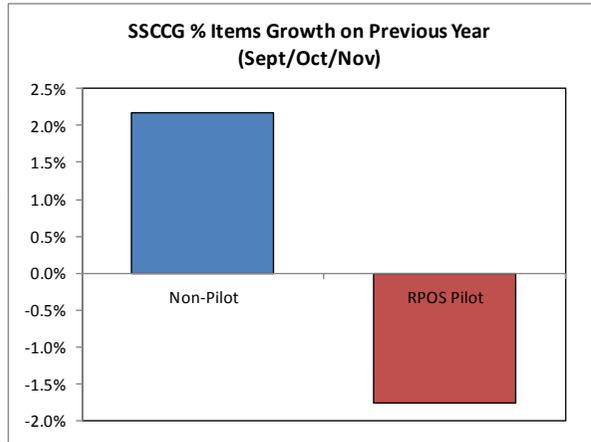
RPOS Site	Sum of 2015 Cost	Sum of 2016 Cost	Cost Variance	% Cost Variance
Non-Pilot	£4,369,335	£4,340,369	£-28,967	-0.7%
RPOS Pilot	£2,601,701	£2,435,525	£-166,176	-6.4%
Grand Total	£6,971,036	£6,775,894	£-195,142	-2.8%

Prescriber Name (All)
Southport & Formby

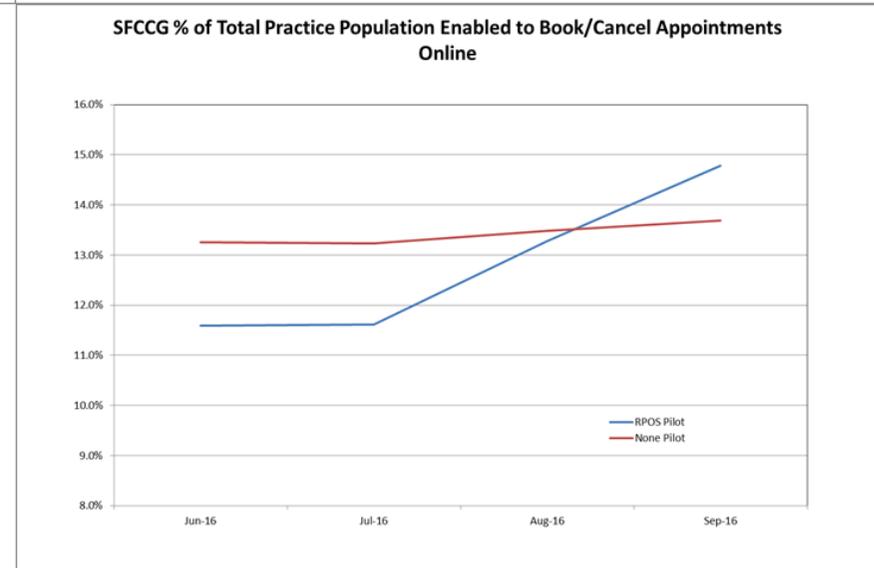
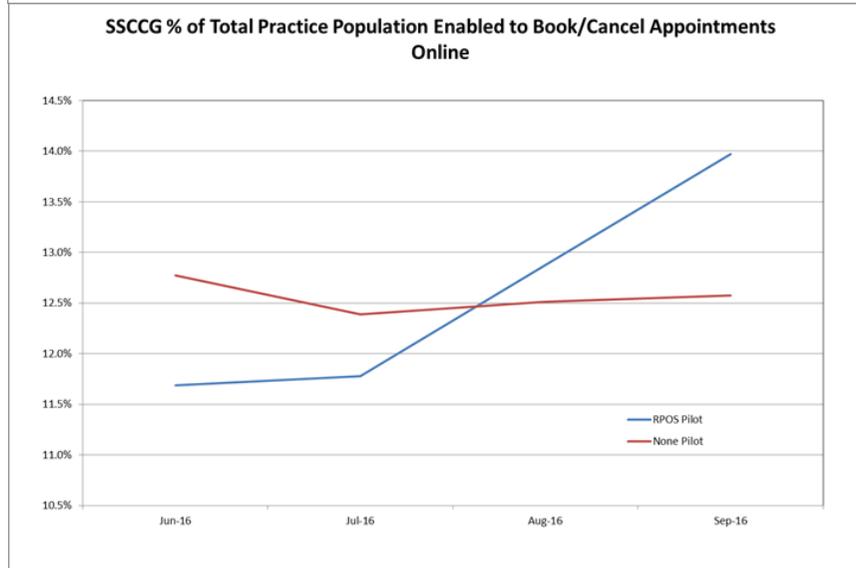
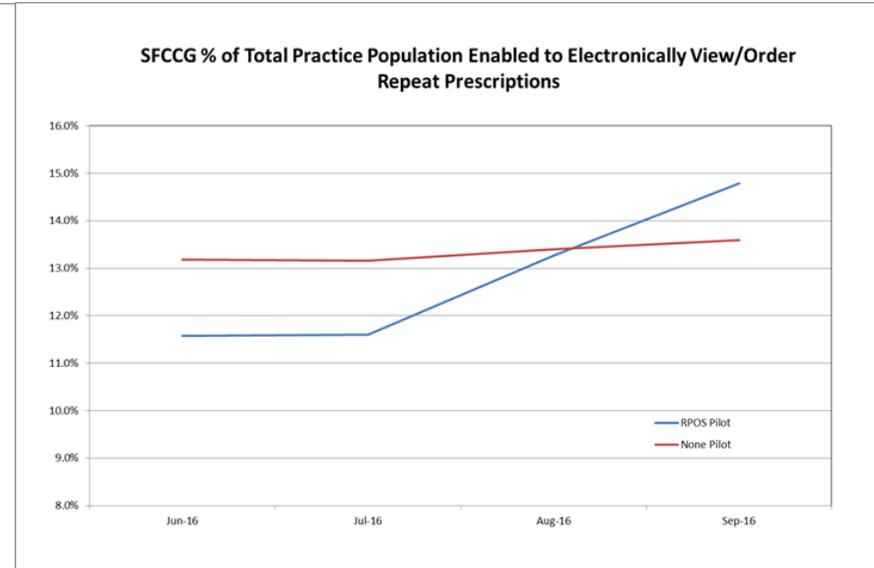
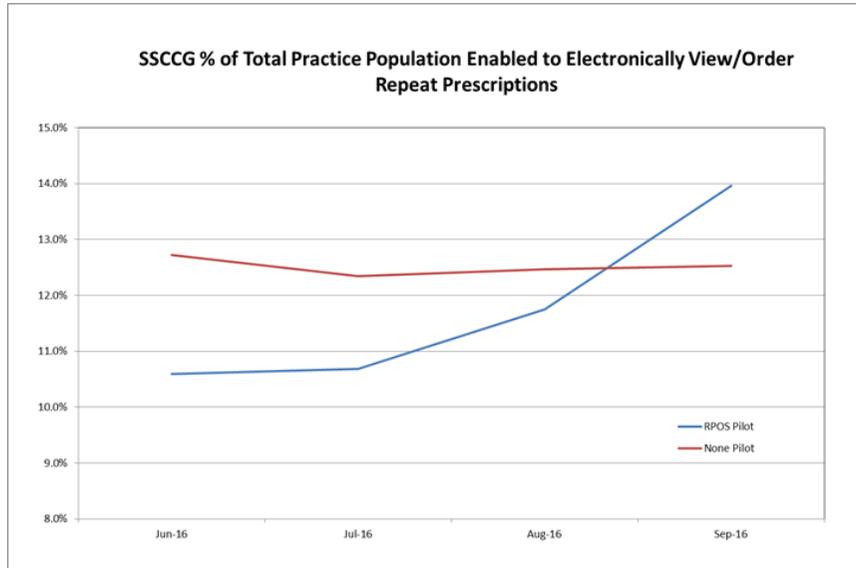
RPOS Site	Sum of 2015 Cost	Sum of 2016 Cost	Cost Variance	% Cost Variance
Non-Pilot	£3,051,188	£3,020,717	£-30,471	-1.0%
RPOS Pilot	£2,368,172	£2,248,881	£-119,291	-5.0%
Grand Total	£5,419,360	£5,269,598	£-149,762	-2.8%

Number of Dispensing Days

	2015/2016	2016/2017	Variance
September	26	26	0
October	27	26	-1
November	25	26	1
Total	78	78	0



Appendix 2 - Online Patient Access



Appendix 3 - Out of Hours Medication Enquiries via Go to Doc

