



**South Sefton**  
Clinical Commissioning Group

# Big Chat 8

**NHS South Sefton CCG**  
**Bootle Cricket Club, Wadham Road, 11 July 2017**

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# About Big Chat 8

Big Chat 8 brought people together to hear how we have used their views from previous events to shape some of our most important schemes and services.

Like many other areas of the country, NHS South Sefton Clinical Commissioning Group (CCG) is facing challenges and looking at ways to deal with them to make sure the quality of local health services is maintained.

Big Chat 8 gave us the chance to feedback to people how their ideas, views and experiences have helped us to design schemes and services to address the challenges we face locally. As well as feeding back, the event provided an opportunity for people to give their views and thoughts about our current work and our ideas for the future.

There were 35 guests who attended the event, which was a mix of local residents and stakeholder representatives. In addition, around 20 CCG staff helped to run and facilitate the event.

You will find presentations, photos and a video of the event on our website.



# What we covered

Our chair, Dr Mimmagh opened the event, welcoming attendees to our 'Big Chat 8'.

There was a mix of presentations - giving an update of our work and plans – and workshop style sessions, so people could ask questions and discuss each topic in more detail.

The agenda ran as follows:

- Shaping Sefton: facing the financial challenges ahead – Fiona Taylor, chief officer
- Community services update: introducing our new community services provider – Mersey Care NHS Foundation Trust
- Medicines and prescribing: how views from earlier Big Chats have informed some of the changes we have made to medicines and prescribing and the results so far – Susanne Lynch, head of medicines management
- Primary care: update on Hightown Surgery - Jan Leonard, chief commissioning and redesign officer
- Commissioning policy review: procedures of lower clinical priority - Jan Leonard, chief commissioning and redesign officer
- Your turn to balance the books: chance for attendees to think about how they would manage our commissioning budget – Martin McDowell, chief finance officer

You can read more detail about each of these topics on pages 5 to 14 and a summary of people's views from table discussions can be found on pages 15 to 21. The results of the instant voting questions are set out on pages 22 to 26.

# Shaping Sefton

The event opened with an update about our programme to transform health services – Shaping Sefton – discussed at earlier Big Chats and which looks to address some of the challenges we face locally in the borough.

Central to Shaping Sefton is its vision for ‘community centred health and care’, which was developed with the views of partners, patients and the public, as well as feedback from previous Big Chats:

*“We want all health and care services to work better together – to be more joined up – with as many as possible provided in our local communities, so it is easier for you to get the right support and treatment first time, to help you live a healthy life and improve your wellbeing.”*



## Facing our future financial challenges

During Big Chat 8, we reminded people about the health challenges faced by south Sefton residents. We have a greater number of older residents than other CCG areas and their health needs are growing more and more complex. In addition to this, the local NHS is experiencing greater demand for healthcare, the cost of which is higher and we are having to pay for new financial duties within our existing budget allocation. So, our challenge is to manage all these factors with no real terms increase in funding.

# Community services

Community services includes blood testing, community matrons, district nurses, therapies, leg and foot care.

Mersey Care NHS Foundation Trust took over the running of our community services on 1 June 2017 following our recent review and re-procurement process.

Attendees were reminded of how the results of our community services public engagement exercise fed into the review and re-procurement process. The exercise included discussions at an earlier Big Chat, a survey for residents to fill in and several events in Sefton.

Big Chat 8 gave people a chance to meet our new provider and to ask the team any questions. Mersey Care described how the organisation is responding to the views gained during our engagement exercise and our Shaping Sefton vision for community centred health and care.

You can find out more about our community services re-procurement and read a report from the public engagement exercise from our website.



# Medicines and prescribing

Wasted or unused medicines costs the NHS in Sefton around £2 million each year – equalling around 2½ double decker bus loads of pills and preparations. This is just the medicines that are returned to chemists, so the real cost is likely to be much higher.

## Your views from the last Big Chat

During this section of the event, we fed back how we have used views from earlier Big Chats to shape three important prescribing schemes that you will read about in more detail on the following pages.

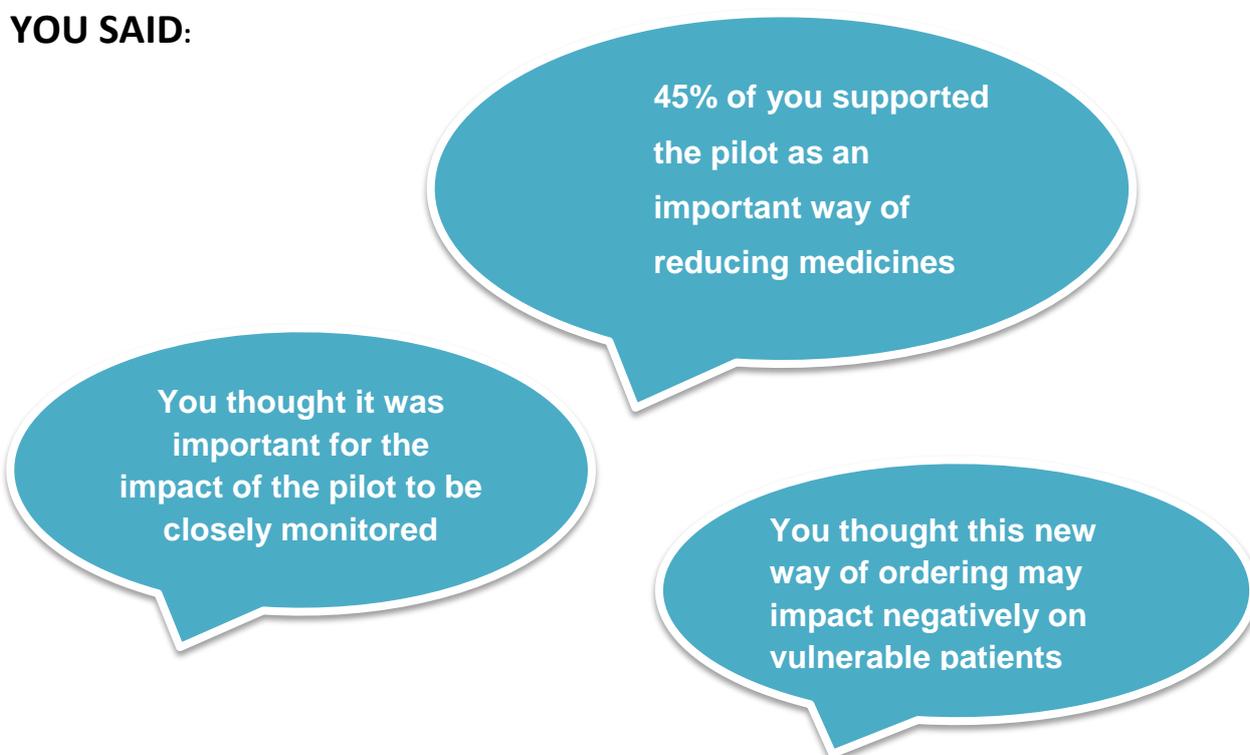
We also spoke with attendees about our work to raise awareness of generic medicines versus branded preparations, asking for people's views to round off the session.



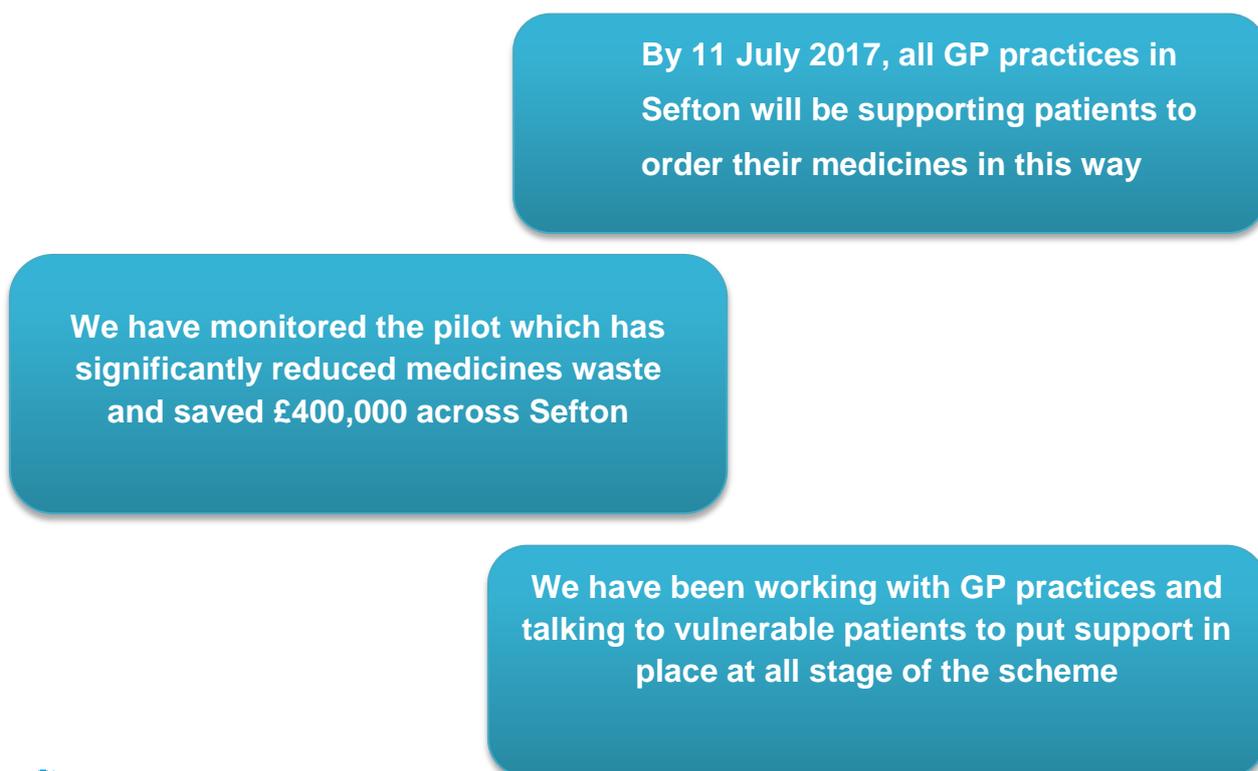
## Repeat prescription ordering scheme

This was launched initially as a pilot in 19 GP practices in early September 2016 and is now operating in all surgeries in Sefton. This means that pharmacies are no longer able to order repeat prescriptions on behalf of patients. As well as cutting the cost of wasted medicines, this system should be much safer for patient.

### YOU SAID:



### WE DID:



## Care at the Chemist

The scheme now operates in fewer pharmacies than before our review but is still available to those that need it the most. Care at the Chemist allows people to get treatment for minor illnesses and ailments at a number of local pharmacies without the need to see their GP.

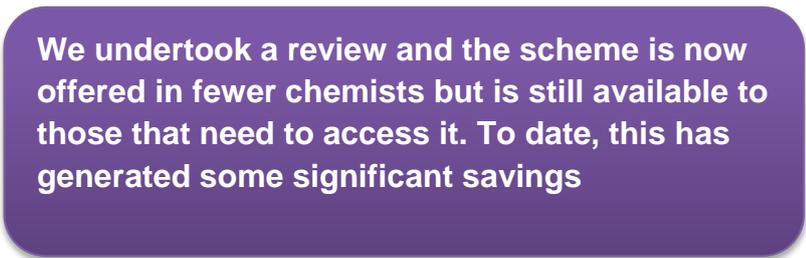
We needed to review the scheme to ensure it was still effective in treating minor illnesses and ailments and in supporting those who needed it most.

### YOU SAID:



Whilst you valued the scheme, 64% of people at the Big Chat agreed it should be reviewed to make it more cost effective and eliminate waste

### WE DID:



We undertook a review and the scheme is now offered in fewer chemists but is still available to those that need to access it. To date, this has generated some significant savings

## Gluten free prescribing

In south Sefton there are less than 500 people with coeliac disease who are prescribed gluten free foods. This costs £100,000 per year.

Compared to 10 years ago, gluten free foods are readily available and prices have greatly reduced.

We were considering changing the availability of foods on prescription for people with coeliac disease. NHS England has decided to undertake a national review of the prescribing of gluten free foods so we have shared your feedback from our previous Big Chat with them as part of their review. Once the review is complete, we will be guided by the recommendations and inform you of the outcomes.

## YOU SAID

As part of the review, you said we should speak to people with coeliac patients and their families

88% of people were in favour of reviewing the prescribing of gluten free foods

You had some concerns about patients and families in receipt of free prescriptions who might not be able to afford to buy gluten free foods

## WE DID

We have shared your feedback with NHS England which will be included as part of the review. Once the review is complete, we will be guided by the recommendations and inform you of the outcomes.

The consultation was open until 22 June 2017 and we encouraged residents to take part by completing the online survey: [www.gov.uk](http://www.gov.uk)

## Generic medicines

We also spoke to attendees about generic medicines and shared a new leaflet which we have produced to raise awareness that generic medicines offer the same quality and performance as branded medicines.

If we move to prescribing more generic medicines, we will save £270,000 across Sefton which can be used to fund other health services.

So, we are reminding GPs about prescribing generic medicines rather than their branded equivalents whenever possible. Those patients affected by this will receive a letter with more information and a copy of our new leaflet, which will also be available in GP practices.

There were table discussions following this session asking people what they think about the more widespread use of generic medication in preference to branded versions. The main themes from these discussions are documented on page 15.



# Primary care

Jan Leonard, chief redesign and commissioning officer, updated attendees on Hightown Surgery and the NHS England (NHSE) led work on the future delivery of services.

This included a six week 'listening exercise' for registered patients to share their views about the future delivery of services feeding into the NHSE review.

The feedback was small with less than 14% of patients responding.

Key themes emerging from the exercise were that this is a valued service, which should continue to be locally delivered. People also raised concerns about transport links to other practices and their capacity.

Based on this feedback and the wider review including independent assessments of transport and the practice premises, NHS England have decided that the procurement of the surgery will go to the market to find a new provider and the process will begin later in 2017.



# Commissioning policy review

We are inviting people's views on over 100 policies for routine health treatments and procedures that we are reviewing and updating to reflect the latest medical evidence about what works and what does not.

Joining together with six other CCGs around the region - Halton, Knowsley, Liverpool, Southport and Formby, St Helens and Warrington – we are carrying out the 12 month phased review, which aims:

- To ensure that the latest medical guidance and techniques are being used and so the best treatment is being provided to each patient
- To ensure that NHS resources are being used in the best possible way for all patients
- To provide more equal access to healthcare and treatments, where possible

This ensures we spend our valuable NHS resources as wisely and effectively as possible.

We are reviewing 18 out of 36 policies to bring them in line with the latest medical evidence. These relate to a range of conditions including cosmetic scar and hair removal.

Midlands and Lancashire Commissioning Support Unit are inviting people's views about this first phase of policies on our behalf until 18 September 2017.

For a list of policies open for feedback and to complete a survey please visit our website 'current exercises' page: [www.southseftonccg.nhs.uk](http://www.southseftonccg.nhs.uk) or call 0800 218 2333.



## Balancing the books

After recapping on the financial challenges the CCG is facing in the year ahead, we invited attendees to think about what else we could be doing to balance the books.

We also shared some ideas of schemes from different CCGs in other areas of the country to see if people thought we should consider introducing them in south Sefton.

You can find a summary of thoughts and ideas from the table discussions on page 19.



# What people told us

This section gives an overview of the views, ideas and experiences captured during the two table discussions at Big Chat 8, relating to the more widespread use of generic medicines and balancing the books amidst a financially challenging environment.

## Generic medicines

Attendees were asked to consider whether it was reasonable to ask a patient to try a generic medicine if they were currently taking its branded equivalent. The table below summarises the responses and outlines the key barriers and solutions that were highlighted as part of the discussions.

There was overwhelming agreement that it was reasonable to ask patients to try the generic equivalent of a branded medicine. However, there were discussion about the potential barriers and possible solutions which are expanded on below.

	Yes	No	Unsure
<b>Is it reasonable to ask patients to try the generic equivalent of a branded medicine?</b>	<b>31</b>	<b>3</b>	<b>1</b>

Barriers to switching to generic medicines	Number of comments
Fear of change	4
Safety and quality concerns	8
Communication	8
Commercial considerations	3

Ways to support the change to generic medicines	Number of comments
Patient focussed information/education	9
Support from health professionals	8
Monitor and review	2

## **Barriers to switching to generic medicines**

### **Fear of change**

Some attendees felt the main barrier of switching to a generic medicine is the fear that a non branded version would not work in the same way. It was thought this fear of change would be particularly strong amongst those patients who have been taking the same brand of medicines for many years.

### **Safety and side effects**

Some people believed that switching to generics could cause unwanted side effects and they did not think GPs would know enough about some of these adverse reactions before switching their patients' medicines.

There were also some discussions about how generic medicines sometimes look very different from their branded type. So, a change in shape, size, colour or packaging might be confusing for some patients who may stop taking their medicines as a result of this change.

### **Communication**

It was generally agreed that a critical barrier to the success of any medication change would be effective communication with patients, particularly those that may require more explanation and support in understanding and accepting the change.

The role of the community pharmacist in supporting patients with their medicines was discussed. It was agreed that GP practices should inform community pharmacists of any changes to a patient's medicines as they can also provide valuable advice and support.

### **Commercial considerations**

There were a few discussions about the risks of GPs prescribing one generic 'brand' of medicine over another and whether this would actually drive up the costs of generics. There were also some concerns about the ethics of this and whether GPs could, or should be favouring certain generic 'brands'.

## **Ways to support the change to generic medicines**

### **Patient focussed information/education**

Everyone agreed that the successful introduction of generic medicines relied on providing patients and their carers with appropriate information to ensure patients take their medicines properly and understand that generic medicines work in the same way as branded types.

There was some discussion about patient choice and whether in some circumstances, patients should be able to continue to have branded medicines prescribed, particularly if the change would be too confusing and cause more harm than good.

### **Support from health professionals**

There were several discussions about the role of health professionals in supporting patients with the change, particularly GPs and community pharmacists.

To support this approach and ensure that a patient's medication support and advice are co-ordinated, there would need to be an improvement in the communications between various parts of the health sector, particularly between GPs and pharmacists. There was some discussion about the role of the CCG in this, who could help improve the partnership between GPs and pharmacists and help develop better communication systems to support this.

### **Monitor and review**

There were some discussion about the importance of monitoring the effectiveness of the change from branded to generic medicines for patients, including an option to change back to a branded medicine if the generic was problematic.

## Other prescribing ideas to consider

Attendees were asked if they had any other ideas that the CCG should consider when thinking about how to prescribe more efficiently and effectively.

Some of the suggestions are outlined below:

- GPs and pharmacists should advise patients when medicines are cheaper to buy over the counter than by prescription
- If it's cheaper for patients to buy prescribed medicines over the counter, then there needs to be a system that informs the GP that a patient has taken, or is taking these medicines
- The repeat prescription system needs to be closely monitored as some patients need more support to ensure they take their medicines regularly



## Your turn to balance the books

We asked attendees about two ideas that could help the CCG save money which are being used or considered in other areas of the country – these included delaying some planned operations when safe to do so, and moving funding from some areas of hospital care to treat patients at home or in the community. Below is a table that summarises the responses to these suggestions.

<b>Ideas to consider</b>	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>
Should planned operations be delayed if safe to do so?	0	6	10
Should funding be moved from some areas of hospital care to treat patients at home/in the community?	1	4	0
<b>Key themes</b>	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>
Financial implications	0	1	8
Prevention and self care	2	1	1
Integrated health and social care services	1	3	2
Mental health	0	0	4

The following pages summarise key themes that emerged from the discussions about these two ideas.

## **Idea 1: delaying planned operations**

There was little support for this idea. It was felt that not only would a delay potentially result in the deterioration of a patient's condition, but that it could generate more problems and have a negative effect on their general and mental health and wellbeing.

On this basis, there was agreement that delaying operations was a false economy. People felt not only are costs 'delayed' to a future date, but that they could significantly increase as other health conditions develop and require treatment.

Also, some people said that a blanket approach to delaying operations contradicted the notion of patient centred care and suggested that decisions about a patient's treatment were based on funding and not on clinical need.

Additionally, it was felt that there was not enough information and detail available at Big Chat 8 to fully consider this idea, particularly around the implications for patients and any financial benefits for the NHS.

## **Idea 2: moving more hospital funding to community based services**

Although there was limited discussion about this idea, it did gain some support as long as quality of care was maintained and treatment in the community was in the best interests of the patient.

It was recognised that in recent years a number of services had been moved from hospital to community settings. People felt that any lessons learnt from these earlier changes should be considered when transferring services in the future.

Some people were of the opinion that the costs of transferring hospital services into the community could be significant, and that this would need to be considered when planning budgets as this might increase financial pressures in the shorter term.

## **Key themes emerging from discussions**

### **Financial implications**

In general, attendees felt that the ideas presented to them did not have sufficient financial data to support them, and that their impact could potentially put the NHS under more financial pressure. For example, some people thought increased costs may be incurred from delaying operations, as suggested on page 20.

### **Prevention and self care**

There were several conversations about the importance of investing in patient education and prevention services. Overall, people felt that in the longer term this could reduce the pressure on all health services and support patients to take more responsibility for their own health.

### **Integrated health and social care services**

The importance of patient centred care was a reoccurring theme throughout the sessions, particularly the need for an efficient health and social care system that is co-ordinated around the patient.

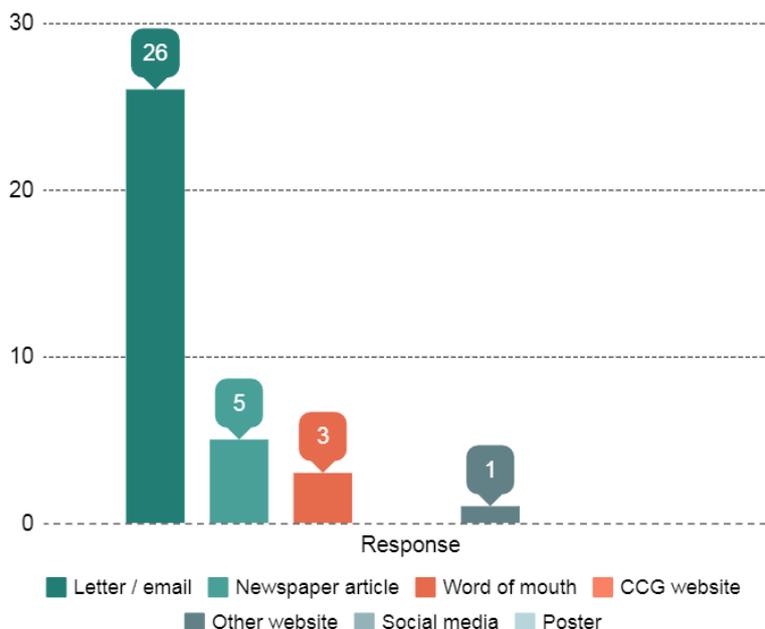
### **Mental health**

Several references were made to the importance of timely treatment and care for many health conditions. This was felt particularly important in preventing the onset of other health problems, notably mental health issues, where people felt services are already stretched.

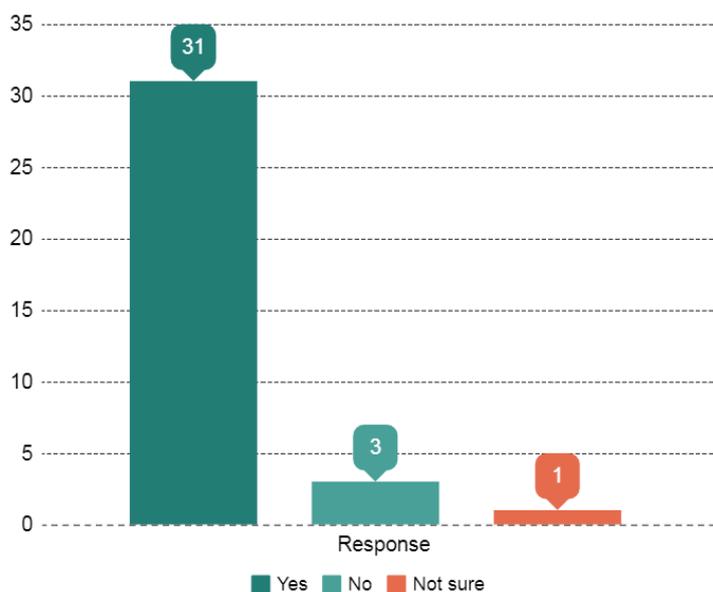
# Fingers on the button

At the end of the event people were asked a series of questions that they were asked to vote on using a handheld keypad. The results from the following questions help us to gauge how useful people found Big Chat 8.

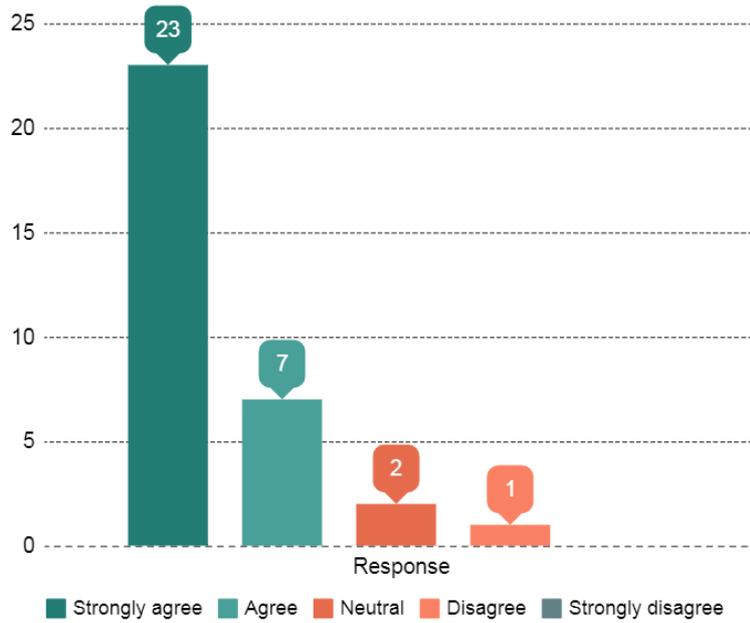
**How did you hear about today's Big Chat event?**



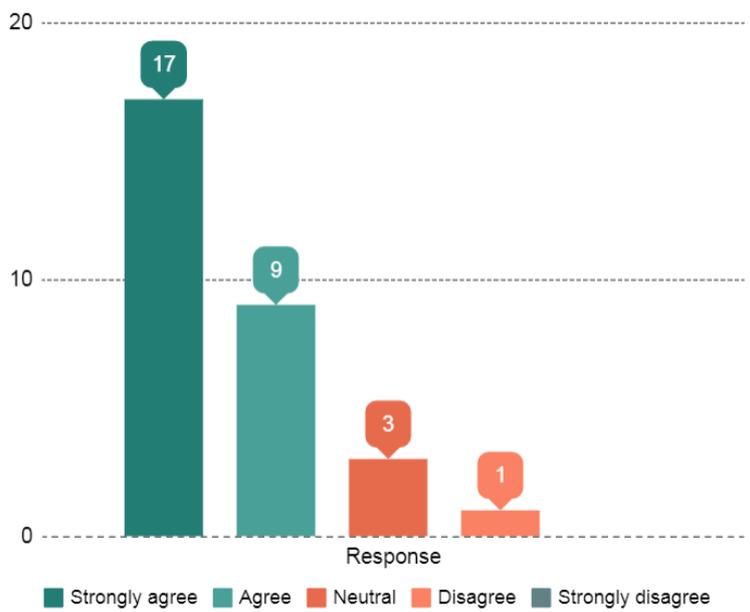
**Following what you've heard and discussed today, do you support the CCG in asking people to give generic medicines a try?**



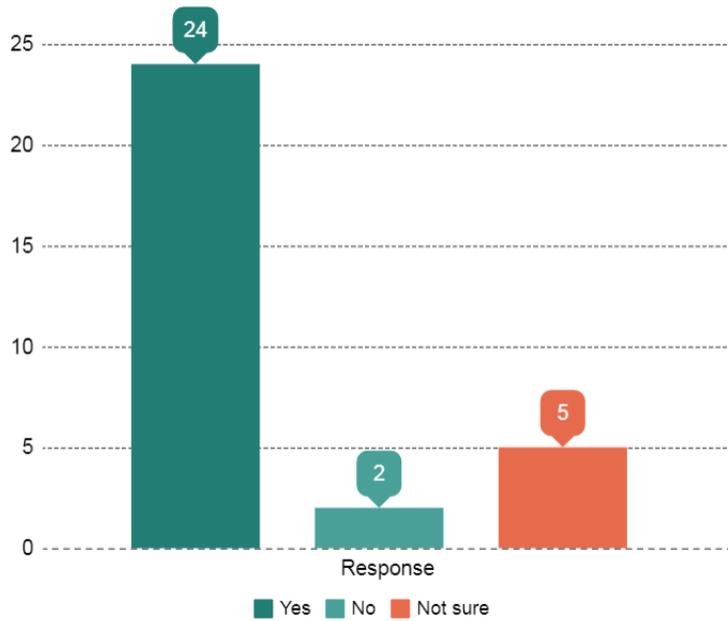
**To what extent do you agree that policies should be reviewed to follow the latest medical evidence and national guidance?**



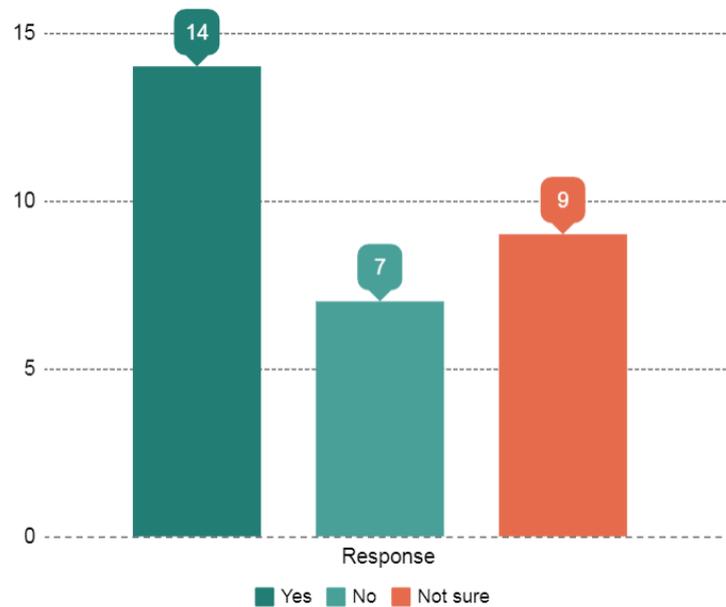
**Do you agree that limited NHS funding be spent on treatments that provide the best clinical outcomes for patients?**



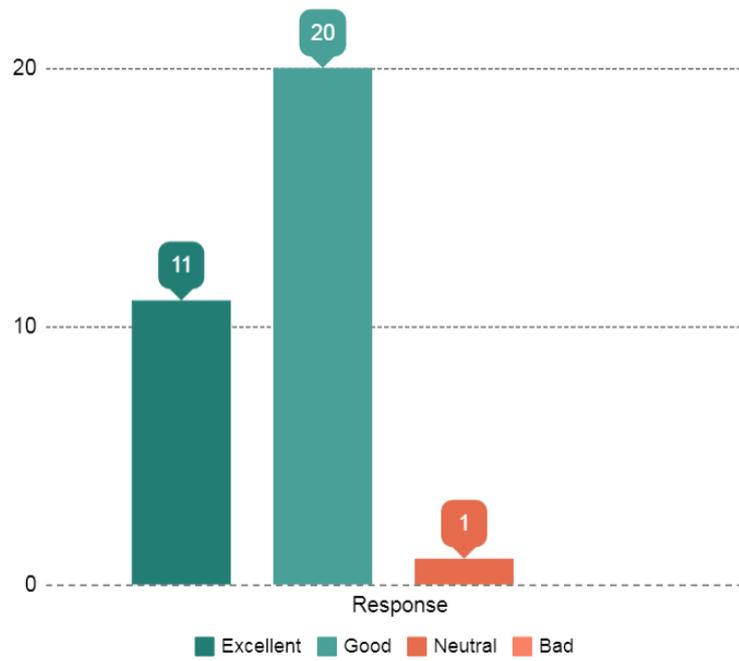
**During the session today, did you feel that you had the opportunity to have your views heard?**



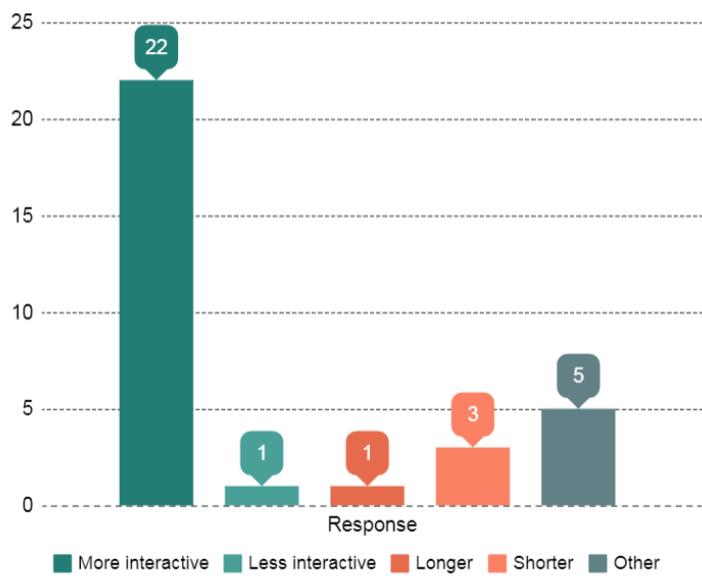
**Do you feel confident that your input today will be used to shape your NHS and make it more cost effective?**



**How would you rate the choice and location of the venue for today's event?**



**Are there any improvements to the event that we could make for next time?**





# Get involved or find out more

All the views and feedback from Big Chat 8 will be used to inform our future plans to make services more efficient and effective.

You can find out more about this work from our website, along with a range of other useful information about your local health services and what we do.

Our website also has details about other ways you can get involved in our work – from attending a future Big Chat to signing up to our database. You can also read about examples of where we have involved people previously in our work.

[www.southseftonccg.nhs.uk](http://www.southseftonccg.nhs.uk)

If you would like to tell us about your experience of local health services then you can also call 0800 218 2333.





[www.southseftonccg.nhs.uk](http://www.southseftonccg.nhs.uk)

On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.