Creating a healthier Hull

NHS Hull Clinical Commissioning Group

Item 7.3

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Report to:	Primary Care Commissioning Committee
Date of Meeting:	25th October 2019
Subject:	Cessation of Managed Repeat Prescriptions
Presented by:	Chair, Primary Care Commissioning Committee Phil Davis, Strategic Lead – Primary Care
Author:	Karen Hiley, Medicines Optimisation Technician, NECS Kevin McCorry, Medicines Optimisation Pharmacist, NECS

STATUS OF THE REPORT:

To approve	☐	To endorse	☐
To ratify	☐	To discuss	☐
To consider	☐	For information	X
To note	☐		

PURPOSE OF REPORT:

The purpose of this report is for the Primary care Commissioning Committee to:
To note that Planning and Commissioning (6th of September 2019) approved the following regarding the Cessation of Managed Repeat prescriptions across the whole CCG.

- Agreed the principle that the cessation of managed repeats should happen.
- Agreed that a detailed communication and engagement plan needed to be generated to support this approach and should involve all stakeholders.
- Agreed that an implementation plan needed to be formulated taking into account feedback from the engagement undertaken working towards a date of 1 April 2020.

To achieve the above recommendations a Task and Finish group is being developed across the 4 Humber CCGs and involving relevant CCG members, Local Medical Committee, Local Pharmaceutical Committee and other key stakeholders.

RECOMMENDATIONS:

The Primary Care Commissioning Committee is asked to note for information the content of the paper and the decision made by Planning and Commissioning Committee.

REPORT EXEMPT FROM PUBLIC DISCLOSURE	No √ Yes ☐
If yes, grounds for exemption (*FOIA or DPA section reference*)	

CCG STRATEGIC OBJECTIVE *(See guidance notes below)*	**BOARD ASSURANCE FRAMEWORK SPECIFIC OBJECTIVE** *(See guidance notes below)*
Short summary as to how the report links to the CCG's strategic objectives Objective 1 - Reduce public sector demand and variation whilst promoting across based on need and meeting NHS Constitution and statutory requirements. Objective 5 - To set the quality and safety standards aligned to the objectives of the integrated commissioning strategy and work plan. Objective 7-Develop Primary Care at scale to improve population outcomes in Hull	*Short summary as to how the report adds assurance to the Assurance Framework* Ensure robust systems are in place to ensure value for money Patients receive clinically commissioned high quality services CCG plans are delivering better outcomes for patients

IMPLICATIONS: (*summary of key implications, including risks, associated with the paper*),

Finance	Using Hull CCG 2018/19 prescribing spends figure, the potential savings for a financial year are estimated between £851k (Based on Luton CCG methodology) and £1.4m (Based on Calderdale CCG outcomes) Table 2, Cessation of Managed Repeats Recommendation Report Costs of printing and distributing of letters to patients receiving repeat medication across Hull CCG i.e. £ £29,200.00. Initially there will be an increase of workload for GP Practice teams, but with the improved use of Electronic repeat dispensing there will be a reduction of GP time required to authorise and manage repeat prescriptions.
HR	None
Quality	None
Safety	None

ENGAGEMENT: This has been discussed at the Planning and Commissioning Committee.

LEGAL ISSUES: (*Summarise key legal issues / legislation relevant to the report*)

It is a legal requirement that all CCG's commission the use of NICE approved drugs and technologies (NICE Technology appraisal guidance). There are no other specific legal considerations identified at this time.

EQUALITY AND DIVERSITY ISSUES: (*summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA).* ***All*** *reports relating to new services, changes to existing services or CCG strategies / policies* ***must*** *have a valid EIA and will not be received by the Committee if this is not appended to the* **report**)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in the information section in the enclosed report.	✓

THE NHS CONSTITUTION: (*How the report supports the NHS Constitution*)

The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

1) The NHS aspires to the highest standards of excellence and professionalism
2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
3) Quality of care
4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

Cessation of managed repeats recommendation report

Introduction

The purpose of this report is for the Primary care Commissioning Committee to:
To note that Planning and Commissioning (6th of September 2019) approved the following regarding the Cessation of Managed Repeat prescriptions across the whole CCG.

- Agreed the principle that the cessation of managed repeats should happen.
- Agreed that a detailed communication and engagement plan needed to be generated to support this approach and should involve all stakeholders.
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2. Information

Managaed repeats recommendation repo

Hull CCG EqIA Cessation of manage

DPIA - Cessation of managed repeats.doc

Some Questions and Answers from discussions prior to coming to Planning and Commissioning Committee meeting.

What this means on a practical level for patients?

It would mean that patients would use these methods mentioned in the paper to order repeats;

- *Using a traditional system in line with practice policy which involves the patient ordering prescriptions in person, by telephone, using digital solutions or by completing a repeat slip which accompanies the FP10.*
- *Using the nationally contracted Repeat Dispensing (RD) process[3] which can be a paper based service or electronic following the implementation of the electronic prescribing service (EPS). This adds contractual levers and safeguards to the ordering and supply of repeat medication for NHSE contract monitoring process.*

How the potential disruption in the transfer to a new way of working would be managed?

This would be in the implementation stage and would be formulated from the engagement with stakeholders mentioned in the paper. There will be close working with the Local Pharmaceutical Committee whose member community pharmacies operate these managed repeat systems to progress the implementation. The Local Pharmaceutical Committee is supportive of the cessation of managed repeats.

How the risks will be mitigated?

Risks identified from the stakeholder engagement would be incorporated in the implementation plan.

There is a consistent reference to a communications and engagement strategy but there isn't one?

There are elements covered in 4 and 4.1 but the medicines optimisation team would then work with the CCG communication and engagement team on firming up and progressing.

Again it appears that on the surface this is looking at one issue when it is trying to do three

1. 3rd Party Ordering
2. Widen EPS
3. Generally improve prescribing reduce waste by streamlining repeats

It is necessary to look at all three rather than just cessation of managed repeats in isolation.

In the background the figures for Luton on potential savings and percentage of MRPOS are estimates- assumptions build on estimates to become facts - I wonder what our position is?

The Local Pharmaceutical Committee (LPC) has been asked if they have any information on this. Ultimately each community pharmacy would have this information and it would not be available for the CCG to access. As part of the engagement with the LPC/community pharmacies, it could be looked to ask if this is information individual pharmacies would share but this may be getting into commerically sensitive infotmation etc. It is not thought that Hull is that much different to other parts of the country who have a great many multiples who will be operating these managed repeat schemes.

Is there anything we already doing I suspect there is?

The CCG is not doing anything else on managed repeats.

Managed repeat recommendation report - Section 3

Who will be defined as carers?

The NHS England definition seem sensible to use
https://www.england.nhs.uk/commissioning/comm-carers/carers/

How will vulnerable be defined?

This is the vulnerability criteria that was used in Calderdale CCG which is intended to propose for discussion;

- Housebound/socially isolated
- Palliative care
- Multiple co-morbidities
- Serious mental health issue
- Learning difficulties
- Dementia
- Are tube/PEG fed
- End of Life
- On Gold Standard Framework
- Best interest decision taken

This is not an exhaustive list and other patients identified by practice staff as needing additional support in managing their medication can be added to the list after an appropriate review.

Managed repeat recommendation report - Section 3.1

Benefits all assumed
'Deliver Additional Business Practice Benefits?'

This would relate to the uptake in electronic repeat dispensing (eRD) - page 6 does quote GP hours saved if using electronic repeat dispensing.

Managed repeat recommendation report - Risks 3.2

Does this mean that there will be a start date /soft launch/bang bang etc
There will be a significant increase in Practice Workload

All of this would be decided by the engagement, discussion at Planning and Commissioning of the approach to adopt and next steps to agree.

Managed repeat recommendation report - 4.1. Best Approach

'Person Centred targeting Strategies'
There will be a huge impact I suspect in practices
How is this saving time?

If there are less prescriptions this would save time generating and then dealing with the queries from more prescriptions. Also refer to previous mentions on eRD.

Managed repeat recommendation report Section - 4.2 Financial Resources

43,000 leaflets - that's about 3% of the population of the HCV STP area
'Individual Practices would be expected to cover the cost of printing and distributing letters to their patients' - if they are bearing the cost then they should have a say in how the information is distributed
Is that what we are picking up ?

There are various ways that patients can be told about this. The Local Pharmaceutical Committee would also play an important part in informing patients. There is also a cost included in the paper for patients being sent individual letters. GP practice use various ways to inform patients of any changes. These would be utilised in the change.

3. Recommendations

The Primary Care Commissioning Committee is asked to note for information the content of the paper and the decision made by Planning and Commissioning Committee.