



South Sefton
Clinical Commissioning Group

Big Chat 7

Annual review

NHS South Sefton CCG
The Venue, Maghull Town Hall, 8 September 2016

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About Big Chat 7...our annual review

Every year we hold an annual review, where residents can come along and hear about how well we performed during the previous 12 months.

For the second year in a row we decided to combine our annual review with an interactive Big Chat style event.

So, as well as hearing about our achievements and challenges during 2016-2017, those residents who came along were asked for their views about our plans for future work.

Whilst people could still take away copies of our annual report and accounts, we decided to display information about our financial performance and our outcomes differently. This meant that the main speakers could focus their presentations on our plans for the year ahead, allowing more time for our residents to get involved and have their say.

There were 44 attendees at the event which included a mix of local residents and stakeholder representatives. In addition, there were around 20 CCG staff who helped to run and facilitate the event.

You can read more about what people told us at later in this report and you will find presentations, photos and a video of the event on our website



How the event worked

Our chair, Dr Andrew Mimmagh opened the event and welcomed over 70 people to our 'Big Chat meets Annual Review'.

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.

A short film from our Big Chat 6 event was played to show feedback from the event and an electronic voting system was used to capture people's views at different points during the event.

The agenda ran as follows:

- Shaping Sefton – facing the financial challenges ahead – presentation by Fiona Taylor, chief officer
- Medicines and prescribing – making changes and modernising practices – presentation by Susanne Lynch, head of medicines management
- Repeat prescription ordering pilot – presentation by Susanne Lynch, head of medicines management
- Care at the Chemist – presentation by Susanne Lynch, head of medicines management
- Gluten free foods – presentation by Susanne Lynch, head of medicines management
- Your turn to balance the books – chance for attendees to think about how they would manage our commissioning budget
- Questions and answers – chance for attendees to ask queries, with responses provided by CCG staff and governing body members
- Fingers on the buttons - attendees were asked for their feedback on the event

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’, that 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.”



What are our local challenges?

At our last Big Chat we reminded people of 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 paying 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.

Facing the financial challenges

We set ourselves a savings target of £12m by the end of March 2017 and we updated Big Chat attendees about some of things we are doing in five key areas towards meeting this, whilst making services more effective at the same time:

1. Planned care - Better management of hospitals referrals, so patients are not passed from pillar to post before getting the right care. Making sure healthcare providers work to our existing commissioning policy, so patients benefit from only the most medically effective treatments
2. Urgent care - Reviewing schemes to ensure they are effective in treating patients more appropriately closer to home rather than hospital, including our telehealth project
3. Continuing health care and funded nursing care - Extending personal health budgets to give people more choice and control of their care
4. Discretionary spend - Reviewing spend on all non core services to ensure they offer best care and value for money, including the day to day cost of running the business
5. Prescribing - Reducing £2 million cost of wasted medicines by modernising prescribing practices so they safer and better meet the changed environment

What we wanted to know from Southport and Formby residents

We followed this Shaping Sefton update with a series of interactive sessions and table discussions to explore where we might make further future changes, to ensure we continue to make the best use of our valuable NHS resources whilst maintaining quality for patients.

Medicines and prescribing

During this section of the Big Chat, people heard a presentation about three prescribing schemes that we have either recently introduced, or were considering.

The three schemes were:

- Repeat prescription ordering scheme – launched initially as a pilot in 19 GP practices in early September 2016
- Care at the Chemist – available in pharmacies and being considered for review
- Gluten free prescribing – changing the availability of foods on prescription for people with coeliac disease

Attendees were then asked to vote on a series of questions about the schemes using real time hand held electronic keypads. This was followed by more in depth table discussions to draw out key themes.

You can read an overview of the results for each scheme in the next sections of this report.



Repeat prescription ordering pilot

Below is an overview of the key themes raised and the number of comments received, broken down into positive, neutral and negative groupings.

A number of the negative comments were made by community pharmacists, which in some cases were captured more than once through the various feedback options, which explains the high number of negative comments received.

Key themes	Number of comments		
	Positive	Neutral	Negative
Review of the pilot	4	4	18
Reduced medicines waste and financial benefits	9	5	4
Improvements in patient safety	3	4	5
Supporting vulnerable patients	1	3	6
Communications	1	4	7
Improved systems and efficiencies	7	4	10
Role of GPs and pharmacists	2	4	5
Total	27	28	55

Review of the pilot

As evidenced by the result of a voting question which asked people whether they supported the pilot, there was overall support with over 45% of people voting in favour, 22% against and 32% 'unsure'.

One person commented on their experience of the service: ' I am in the pilot scheme and ordered online so didn't have to leave the house to do this. I then went to the chemist 2 days later to collect - EXCELLENT SERVICE'.

It was noted that the pilot was launched on 1 September and had only been running for a week, so it was too early to make a valid assessment. However, many people agreed that if the evaluation of the pilot demonstrated improvements in patient safety and reductions in medicines waste, then the pilot should be rolled out to other practices and championed nationally.

Concerns were raised about how the pilot would be monitored and assessed which was of particular concern to the community pharmacists.

There were also examples shared of some of the initial teething problems, particularly in communicating the changes to patients and community pharmacists, and although this had affected only a small number of patients and colleagues, it was noted the CCG and participating GP practices were taking time to resolve these problems.

As previously explained, the discussions and feedback during some of the table discussions were at times dominated by local Community Pharmacy representatives who did not support the pilot and who may have influenced views and opinions.

Reduced medicines waste and financial benefits

There was overwhelming support for reducing medicines waste generally and using the money saved for other health services, and many people supported the pilot for this reason.

It was suggested that the CCG further explore the reasons for the waste which should include looking at all the systems and individuals involved including patients, GPs and pharmacists. This would provide an overview and a greater understanding of the issues across the system and an insight into the reasons for the waste.

It was acknowledged that the introduction of regular medicine reviews and the growing number of home visits by pharmacists would tackle waste issues and enable the CCG to understand some of the common reasons for medicines waste by patients.

It was also agreed that raising awareness and educating the public about medicine waste issues and how much money is wasted was very important. It was suggested that a poster campaign targeted at local chemists and GP practices would help with this.

One person commented: 'The issues with medicines waste should be championed nationally, particularly the waste that can be saved through the new ordering system and what the NHS could fund with the savings eg; nurses'

Some negative views were shared, mainly from the community pharmacists regarding the credibility of the £2 million medicine waste figure and how the financial impact of patients not being able to access their medicines would be funded.

Improvements in patient safety

The improvements in patient safety that the pilot aimed to introduce were understood as being critical in the monitoring of the success of the pilot, and should be considered alongside cost savings.

Regular medication reviews and the increase in the number of home visits by pharmacists were seen as effective ways of improving patient safety, as they helped to identify any medication issues and supported patients to manage their medication more effectively.

It was also acknowledged that family members and carers were critical in supporting patients to take their medicines safely and that this should not be underestimated.

However, some concerns were expressed by community pharmacists that GP surgery staff may not have the knowledge and skills to deal with patient prescription requests accurately, and that this might result in delays for patients receiving their medication. For some patients with particular health conditions, not having the medicines they need could be a real risk.

A local resident provided an example of an incorrect prescription being issued which had resulted in a 4 week delay in them receiving the correct medication.

Supporting vulnerable patients

For the majority of people, the main concern they had about the pilot and the new way of ordering medicines was the impact for vulnerable patients who may not be able to

understand and use the new system. This included older patients, patients with learning difficulties, those with no family support, the housebound and those with no IT skills.

One person commented: 'I am able to use a computer, but this new system could be a problem or older people not online.'

People were reassured that the pilot had taken these patients into full consideration. Each GP practice involved had identified these patients and would be providing them with the necessary support and organising for the community pharmacists to continue to order their medicines, where needed.

It was acknowledged that the role of carers and family members was also critical in supporting these patients in managing their medicines.

Communications

It was generally agreed that to ensure the new system of ordering medicines works well for patients, a coordinated approach and good communication were key and should include GPs, pharmacists and patients.

There were a few negative comments about the lack of communications in the run up to the pilot and the lack of time to prepare and inform patients. This included a patient from a participating practice who had not received a letter informing them of the pilot and a community pharmacist who had found out about it from a patient visiting the pharmacy.

There were also some questions from community pharmacists about what advice to offer patients if their GP practice did not offer electronic ordering and also about the communication and engagement with the Local Pharmacy Committee (LPC) who represent local community pharmacists.

Improved systems and efficiencies

From those people who had experience of the new system, there were positive comments about how efficient it was and how easy it was to use, particularly the online option to order medicines. In one of the discussion groups, people were pleased to note that since the pilot was launched approximately 10 times more patients had registered for GP online services and were using the system to manage their medication.

There was a view that it was good to streamline 'aging systems' to ensure that they are fit for purpose and the new system was considered by one person a 'breath of fresh air'.

Some concerns were raised about how the new system would be managed consistently across all GP practices and how these systems coordinated with other systems, particularly those in community pharmacies.

Some negative comments were received about the impact of the new system on those patients with long term health conditions, such as diabetes, whose medication never change and who would prefer having their medication on repeat order. In these cases, regular medication reviews would not be necessary and would waste valuable GP time.

One patient said: 'both my husband and I are on meds for life. Why are we not able to have a 6 or 12 month prescription for these drugs?'

Role of GPs and pharmacists

There was general support for GPs having ultimate oversight and responsibility for patients' medication, however, several people said they valued their pharmacist's advice and support and some said pharmacists were better placed than GPs to explain about medicines, as they were experts in their field.

In addition, several people mentioned the supportive relationship they shared with their pharmacist and that this would be lost as they would no longer be required to visit their community pharmacist as often.

Care at the Chemist

There was support for reviewing the Care at the Chemist scheme with 64% of people in favour, 27% against and 11.5% unsure.

The table of key themes below shows that people value the scheme, but support a review mainly to find out how it can be managed more efficiently.

Key themes	Number of comments		
	Positive	Neutral	Negative
Review of the scheme	15	1	2
Valued, convenient and easy to access	11	2	2
Costs and efficiencies	7	4	11
Support for vulnerable groups	3	3	0
Role of the pharmacist	4	1	4
Information about the scheme and benefits	0	4	4
Total	40	14	23

Review of the scheme

It was clear that the majority of people valued the scheme but agreed that it should be reviewed, particularly to improve cost effectiveness and to eliminate the opportunities for patients and chemists to abuse the system.

As part of the review it was suggested that other models be explored, such as those used in other parts of the country and Europe. It was generally agreed that the scheme should continue, but that the option to provide it in fewer chemists should be explored and the eligibility criteria made clearer for everyone, including an exact definition of 'minor ailment'.

It was also agreed that a detailed cost analysis was needed to identify how much the scheme saved in GP appointment time and possible trips to A&E. It was also suggested that a better understanding of why people use Care at the Chemist would help to identify the most effective changes, both financially and for patients.

Throughout the discussions, people were very mindful of the impact any changes might have on vulnerable patients and those on low incomes, and it was agreed that these should be considered very carefully.

Valued, convenient and easy to access

As it is available in chemists close to where people live, it was agreed that it was very convenient and easy for people to access. This also made it easy for older people and those with mobility issues to access as little or no travel was required.

There were comments such as it is a 'good front line point of contact' which was easy for people to use and which functioned as triage service, signposting patients to their GP if needed.

As it was convenient and prevented unnecessary trips to the GP, there was some feeling that it should be available across all chemists.

Costs and efficiencies

Most groups talked about how the scheme helped people to manage their ailments without the need for a visit to a GP and that this saved the NHS money as a pharmacy consultation cost less. This was one of the main reasons why people thought the scheme should remain, although it was agreed that a piece of work needed to be carried out to calculate the savings.

There were several discussions about the availability of free medicines for those people who do not pay for their prescriptions and how sometimes this is misused. Although most people agreed that people on low incomes should continue to receive help and support to pay for their medicines, using the scheme to stock up on free medicines was unacceptable and should be stopped, particularly as it is sometimes significantly more expensive to prescribe some medicines than to buy them over the counter, for example, paracetamol. Most people supported the idea of introducing measures to ensure that this was no longer possible as the NHS cannot afford to 'prescribe drugs for free'.

Those in support of a review of the scheme agreed that chemists also have an important part to play in improving the efficiency of the scheme, for example, telling people when it's cheaper to buy medicines over the counter than by prescription and the importance of involving them in a review of the consultation process and fee.

Support for vulnerable groups

There was overwhelming support for the scheme to continue to provide low income families, and other vulnerable groups, with the advice and free medicines they need to stay healthy. This included ensuring that older people and those with mobility problems could easily access the service.

In particular, there was general agreement that the scheme was of particular benefit for those with young children and on low incomes, but that there also needed to be checks and measures in place to ensure that the scheme was not misused and used to stock up on free medicines.

For those vulnerable groups using the scheme, it was also suggested that links be made with local support groups, for example, signposting families on low incomes to the Healthy Start Programme which offers a range of help and advice.

Role of the pharmacist

For some patients, the relationship with their local pharmacist is very important and the advice they receive valuable in helping them to manage some of their health issues without a visit to a GP. However, there was some concern that pharmacists may not have the full patient history or be fully qualified to offer advice on some conditions.

There were some discussions about the limitations of the pharmacist's role, but general agreement that they could offer a triage service and signpost to a 'walk in centre' or GP.

Information about the scheme and benefits

Several people commented that they were unaware of the scheme and said that it should be promoted more widely.

Once the details of the scheme were explained, several of the groups said that more information about the scheme should be available, particularly to raise awareness of the service and encourage people with minor ailments to seek advice from their chemist instead of making an appointment with their GP.

There were also some general discussions about the importance of educating the public about the different healthcare options and when to use these. For example, only going to A&E for life threatening conditions and making a GP appointment only when a condition could not be treated at home or with advice from a pharmacist.

Several groups also commented on the importance of other healthcare staff, including GP reception staff, fully understanding and promoting the different healthcare options so that they can effectively signpost patients to the right service.

Gluten free foods

There was overwhelming support for reviewing the prescribing of gluten free foods with 88% of people in favour, 9% against and 2.5% unsure.

Below is an overview of the key themes raised and the number of comments that were in favour of stopping or continuing the prescribing of gluten free foods and those that were neutral.

Key themes	Number of comments		
	Stop gluten free	Neutral	Continue gluten free
Treating patients fairly	5	0	2
Availability and costs of gluten free foods	5	6	5
Impact on patients on low income	6	0	5
Financial considerations	9	2	0
Dietary advice and education	2	5	0
Talk to affected patients	0	2	0
Total	27	15	12

Treating patients fairly

Many people said it was 'unfair' that coeliacs received gluten free foods on prescription when other patients with food intolerances and dietary restrictions do not, for example, diabetic patients and those with a lactose intolerance.

As part of the discussions this was one of the main reasons in support of removing gluten free foods from prescriptions or looking at how this could be done more efficiently.

Availability and costs of gluten free foods

As part of the group discussions, information on the current costs and availability of gluten free foods was discussed. As these foods are now readily available and not much more expensive than their non-gluten equivalents, the overall opinion was that there was no longer the need to provide these foods on prescription as most coeliac patients can easily buy and afford these foods.

Due to the increase in choice of gluten free foods in supermarkets, compared to the limited selection currently available on prescription, a few people felt that the full range of gluten free foods should be made available on prescription so that coeliac patients have more choice.

There was also a suggestion that rather than prescribing these foods, that coeliac patients be issued with vouchers to buy gluten free foods at supermarkets which would also improve the range of foods for patients to choose from.

Impact on patients on low incomes

Concerns were raised by several people that patients and families on low incomes and in receipt of free prescriptions may not be able to afford to buy gluten free foods. Stopping these foods on prescription could have a negative impact on their health and could be viewed as discriminatory.

A comment was made that the £100,000 that would be saved by stopping the prescribing of these foods is a small amount in the grand scheme of things and that for this reason it would be wrong to stop the prescribing of these foods when it would clearly disadvantage the poorer patients.

Financial considerations

Given the costs associated with prescribing these foods and the small number of Coeliac patients this affects, there was overwhelming support to review the prescribing of these foods.

There were comments made that the costs of processing prescriptions and delivering prescribed items would actually cost much more than the food itself, and that this could not be justified given that these foods are no longer expensive to buy and are available in most supermarkets.

As some patients might struggle to afford gluten free foods, it was suggested by some people that these patients continue to receive prescriptions or gluten food vouchers, which could be issued at GPs' discretion. One comment was made that stopping vouchers for poorer or vulnerable patients could result in patients becoming ill and so leading to hospital admissions which would cost the local NHS more.

Dietary advice and education

There were several discussions about the value of education in helping patients with dietary related conditions understand how to manage their condition better, and that these were particularly successful for diabetic patients. It was suggested that the money that is currently spent on gluten free prescriptions could be invested in coeliac educational programmes and dietary advice.

Talk to coeliac patients

Although many people agreed that the prescribing of these foods should be reviewed, it was generally agreed that it was important to speak to those affected patients and the coeliac society.

Your turn to balance the books

After recapping on the financial challenges the CCG is facing in the year ahead, we turned the tables on attendees and asked for their ideas about what more we could be doing to balance the books.

Each table was asked for views on the following three questions:

1. What factors should the CCG consider when making difficult financial decisions?
2. Are there services that the CCG should no longer fund?
3. Are there services that could be more efficient that the CCG should review?

Overview

Following the discussions about the financial challenges that the CCG faces in continuing to provide essential services, there was a mixed response to the CCG's approach to reviewing local health services with 73% in part or full support of the approach, 12% unsure and 24.4% not really or not at all.

Below is a narrative of some of key themes and ideas that people shared during the discussions and which the CCG will consider as it continues to plan local health services and spend the limited budget:

Health care funding and talking to the public

Some people felt that information about the NHS is confusing and the public do not know enough about local health services and budgets to be able to meaningfully contribute to discussions about how to best spend the available money. It was felt that most people do not understand why services have to change and that it would be helpful to develop a local campaign which explains the situation in simple terms. This could include messages and information in local papers, on the radio and TV which could also be delivered to residents by local charities and voluntary organisations.

Health prevention and screening services

There were several discussions and comments about the importance of health prevention and screening as a way of reducing costs in the longer term. In particular, health promotion campaigns and services to educate people to take responsibility for their own health through diet and exercise were considered effective and low cost.

It was agreed that these types of services could also help reduce the number of people going on to develop long term conditions and so reduce the number of hospital admissions in the longer term.

Health and social care systems review

There was general agreement that a system wide review of the health and social care system was needed. Several ideas of how this could be done were discussed and some of the main ideas and approaches are listed here:

- Evaluate the different models of care and identify the most efficient for further development, in particular those for primary care and community versus hospital based services
- Join up health and social care systems so bed blocking is avoided, but do not remove funding from the most vulnerable
- Develop models of care that make better use of all the clinicians that can support a patient, and that don't just rely on consultants and doctors
- Provide services based on need and not on the basis of lifestyle, weight and income - rationing of services and means testing should be considered with caution

Running costs, administrative costs and new technology

There was agreement that many of running and 'back office' costs should be reviewed particularly energy costs, legal costs and postal costs and that the potential of new technology and the part it can play in helping to reduce these costs should be explored further.

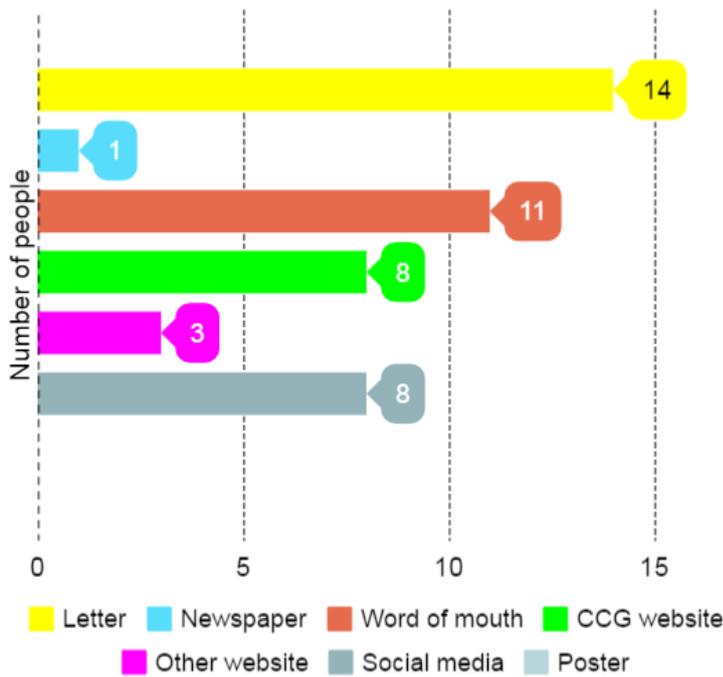
Service specific suggestions

There were some specific discussions and suggestions about how particular services could be reviewed or funded to improve quality and save money, as follows:

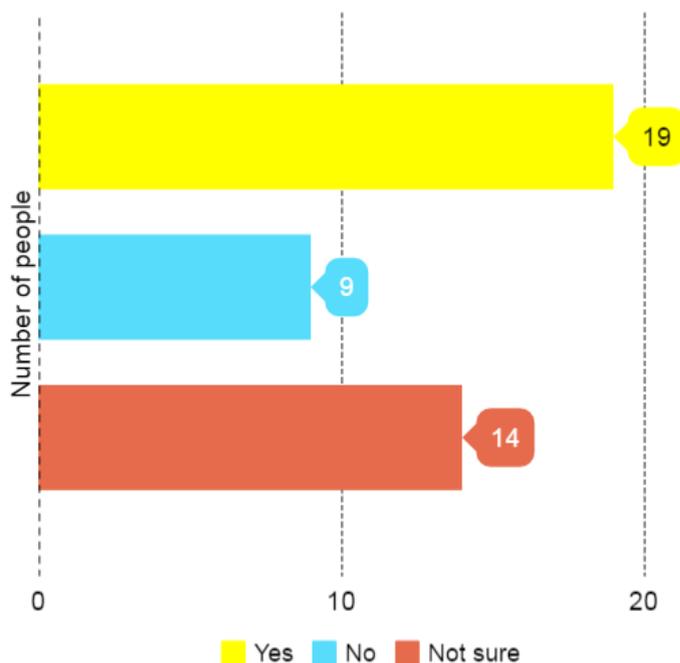
- Review the criteria for those receiving free prescriptions
- Evaluate and monitor the quality of mental health services
- Consider whether insulin dependent diabetics should pay a contribution towards the costs of their medicines

Fingers on the button

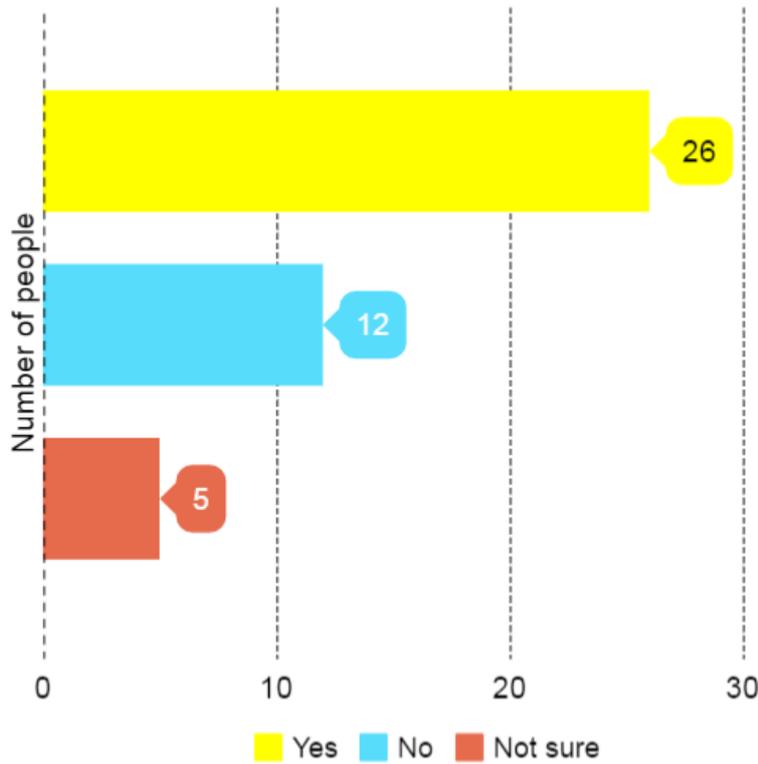
At the end of the event people were asked a series of questions that they were asked to vote on using a handheld keypad. The results from the following questions help us to gauge how useful people found the event.



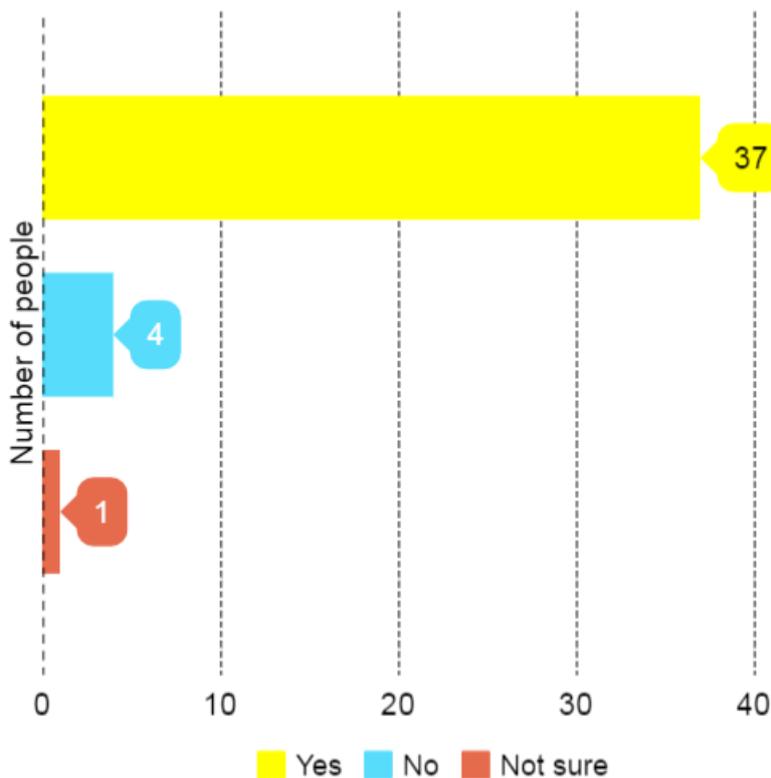
How did you hear about today's Big Chat?



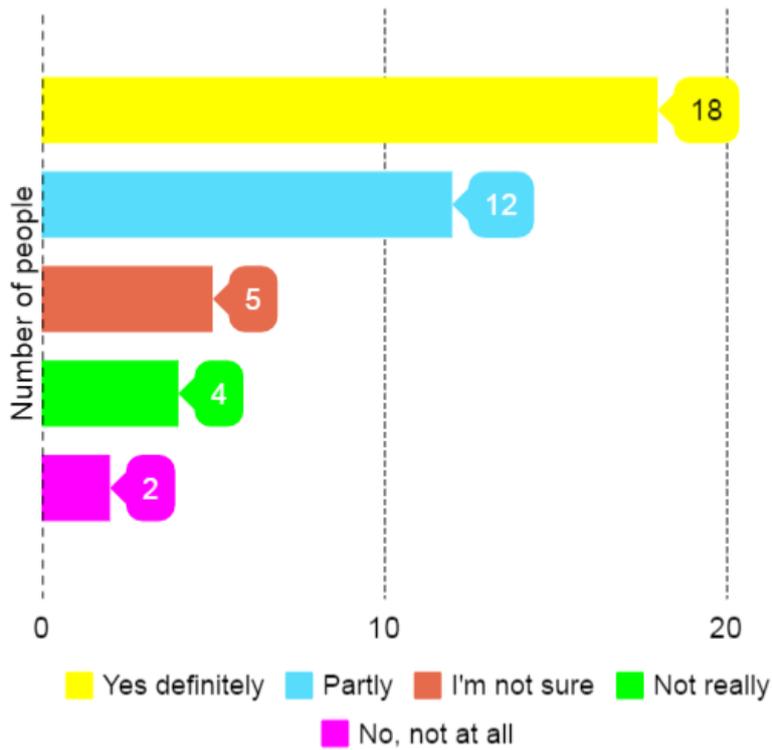
Following today's presentations and discussions, do you support the repeat prescription ordering pilot?



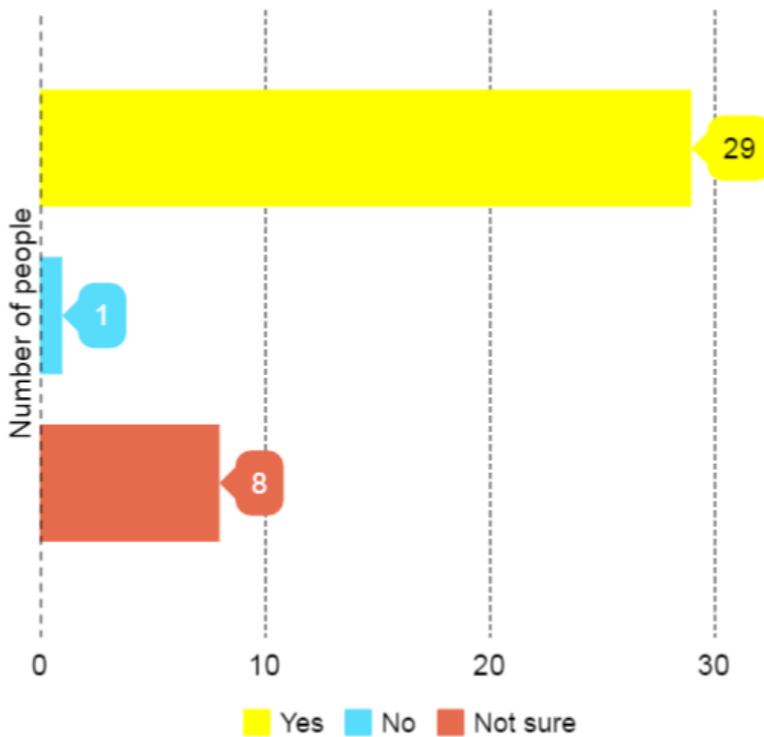
Following what you have heard and discussed today, would you support a review of Care in the Chemist?



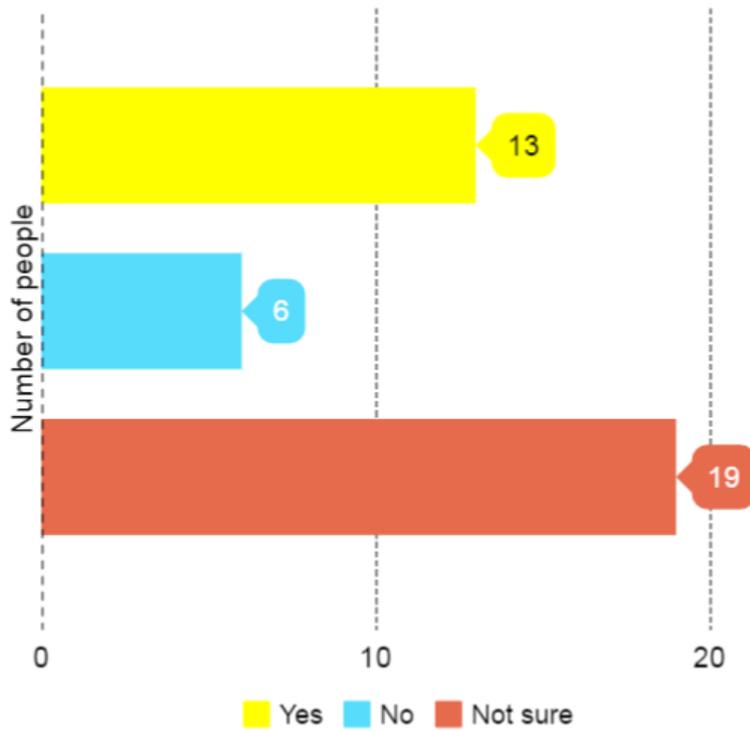
Following what you have heard and discussed today, would you support a review of the gluten free prescription service?



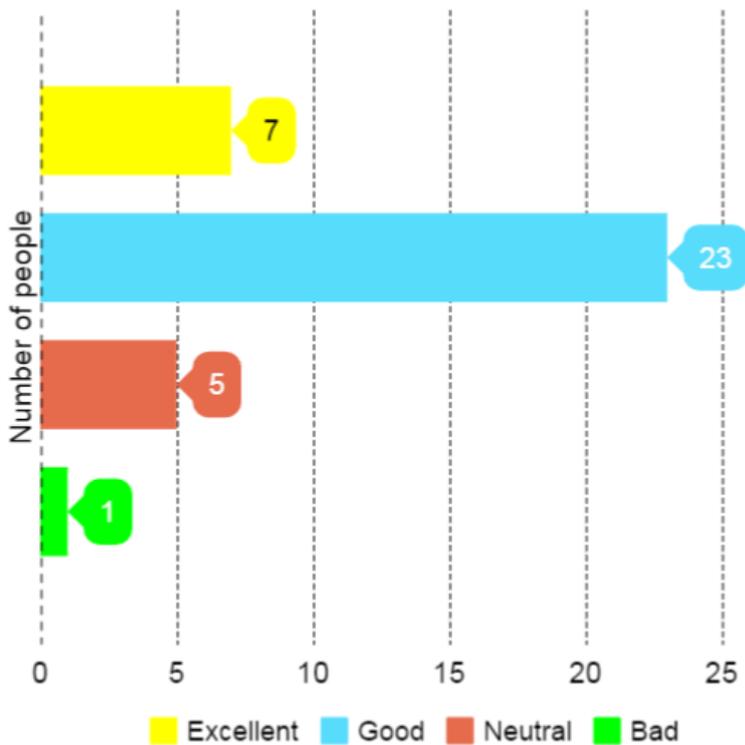
So that the CCG can continue to maintain essential services and balance its books, do you support the CCG's approach to reviewing local health



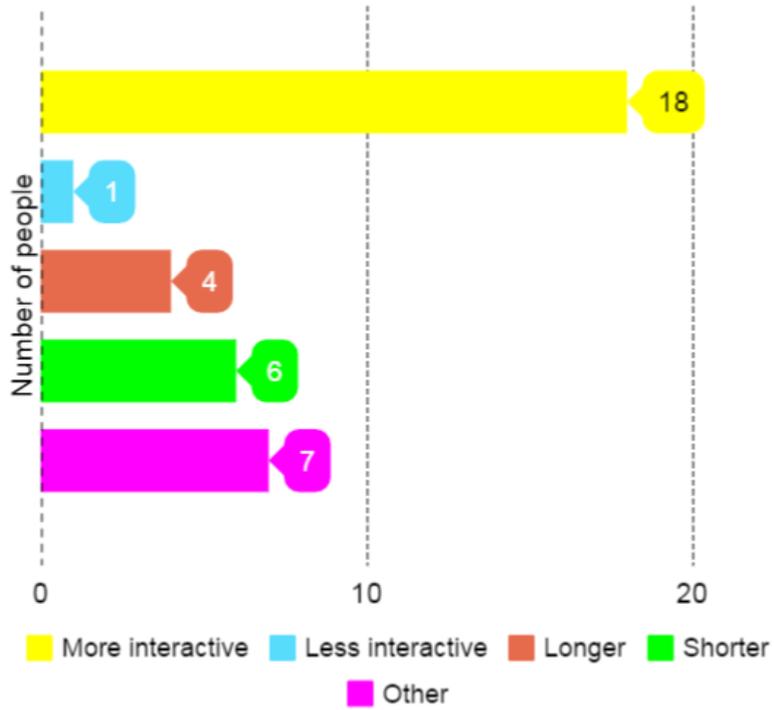
During the session today did you feel that you had the opportunity to have your views heard?



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 7 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

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


*South Sefton
Clinical Commissioning Group*

www.southseftonccg.nhs.uk

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