





Foreward from our Chief Executive

Across the UK, many Clinical Commissioning Groups have made the decision to change the way patients receive their repeat prescriptions. In Kent, the South Kent Coast Clinical Commissioning Group has already made this change. All patients now have to order their repeat prescriptions either online or via their GP surgery rather than via their local pharmacy as some had done previously.

The CCG told us that the change was made in a bid to reduce the waste of medicines. The statistics show that an estimated £900,000 is wasted each year in South Kent Coast on medicines that are not used. The CCG obviously needs to save money so by reducing repeat prescriptions, they hope to reduce some of this wastage. They also hope that they can encourage patients to take more control of their own medications

The Local Pharmaceutical Committee (LPC) in Kent shared with us their concerns about the impact of this change on patients. They felt that the letters explaining this change to patients were causing worry and confusion. They had concerns that patients could experience delays in ordering prescriptions and ultimately could run out of essential medicines. At the same time, we were also hearing from several members of the public concerned about the changes.

We decided we wanted to learn more. We went to talk face to face to patients and pharmacists about their views and experiences. We hope our findings will support other CCGs who are considering similar changes as well as supporting South Kent Coast in their ongoing work.

We have shared our findings with everyone who was involved. We will also be proactively talking to other decision makers across Kent.

Steve Inett

Chief Executive, Healthwatch Kent



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Our aim

We wanted to hear from patients and pharmacies to understand if they had been involved or consulted on the changes to repeat prescriptions in South Kent Coast.

We wanted to understand what impact the changes were having on patients and pharmacies alike and learn any lessons that could be shared with other Clinical Commissioning Groups so that there is a robust approach for any future decisions.

How did we go about it?

We talked to 91 people across 6 pharmacies

60 of these people had already been affected by the change to repeat prescriptions

We visited a mix of urban and rural pharmacies as well as those from a large chain such as Boots and Paydens and an independent store. Some had already been affected by the change and in others patients were only just receiving their letters informing them about the changes.

At the time of our report, 19 of the 30 GP surgeries in South Kent Coast had already made the decision to stop the option for patients to order repeat prescriptions through their pharmacy. The remaining 11 surgeries continued to work with pharmacies to order repeat prescriptions.





What did we learn: a summary

Here's what we found:

- Many pharmacies had a system which did not cause medicine wastage.
- 38% of patients reported that the change had had - or would have - a significantly adverse effect for them. 43% reported that it would be a mild inconvenience for them. 20% reported that it would have no adverse effect or a positive effect.
- Elderly patients were worst affected. Also affected are people with mobility issues or those suffering from memory and/or confusion and those without their own cars. It also puts more burden on carers.
- 37% of patients who were affected by the change reported that they have run out of medicine since the change.
- 53% of patients said that they preferred to order their prescriptions in person, 24% said they would like to order by telephone, 18% via the internet.
- Most pharmacists we spoke to did not feel that the change was the right decision, are unhappy with how the process was managed and many felt that the letters sent to patients incorrectly blamed the pharmacies for wasting NHS money.

Our recommendations

- Other Clinical Commissioning Groups (CCGs) who are considering a similar process should work more closely with pharmacies and the public to gather more information about the current situation and the impact the change might have.
- Care should be taken in communicating with pharmacies so that the CCGs and pharmacists can work together for the good of the patients.
- CCGs and GP surgeries should consider a less wholesale withdrawal of pharmacy-managed repeat prescription services that would allow for the reduction of waste of 'as required' medicines, while minimising potential confusion, inconvenience, disruption of service and the potential danger (and costs) of patients skipping vital medicines.
- GP surgeries could be encouraged to provide a Repeat Dispensing service and given the necessary support to achieve this.
- Pharmacies that are currently providing automatic repeat ordering services for their patients should continue to work with the CCGs and GP surgeries to find a way to ensure that this service does not lead to the waste of 'as required' medicines, but continues to support patients who might otherwise run the risk of running out of medication.
- More could be gained from CCGs working closer with the Local Pharmacies Committee (LPC) and local community pharmacies to reduce NHS prescription costs while improving services, care and outcomes for patients.





What did people tell us? The details

Had the public been consulted about the change in service before the decision was made?

As far as we are aware, no widespread public consultation or engagement was carried out.

What benefits did the patients and the pharmacists feel were gained from the pharmacy-managed repeat prescription services?

Patients told us that they found the service convenient, especially for those who lived closer to the pharmacy than the GP surgery.

Patients also told us that they found their pharmacies friendly and helpful and we observed that the pharmacies offered compassionate, conscientious and personal care and service to their patients. Patients felt that because the pharmacist knew them and their medical situation personally they could trust them to give them correct advice and ensure that they got the correct medicines at the right time. While many patients are confident and independent, many patients appear to greatly value or even rely on the knowledge, personal attention and intervention of the pharmacist and their team.

The pharmacists told us they felt that the different repeat prescription management services they offered their patients allowed them to:

- Ensure that their patients always had the medicine that they needed and were not at risk of running out or failing to take their medication.
- Offer convenience, choice and a higher level of care to the patients.
- Help the system run more smoothly and efficiently - and to provide a valuable quality and safety check at the point of dispensing.

What kinds of repeat prescription services were the pharmacies offering their patients?

We found that different pharmacies were offering different services. It appeared that a common practice was that patients either rang or visited the pharmacy to request items that they needed. Pharmacy staff told us that if a patient tried to order something too early they would tell them to come back later.

On our online survey, **5 out of 20 pharmacies (25%) told us that they were offering a service that ordered repeat prescriptions automatically for some of their patients.** Other pharmacists told us that they did not agree with this system.

“Patients needed to select medication required the next time at the time of picking medicines up.”

“Patient orders own medication and place in our repeat box and we take it to the Surgery for them.”

When we asked patients how they would like to be able to order their prescriptions, 53% (41 out of 78) told us they would prefer to order in person, 23% (18 out of 78) by telephone and the remainder specified “via pharmacy” although this was not an option in the survey.

How well was communication carried out to inform patients and pharmacies about the change?

GP surgeries who had elected to withdraw the service sent out letters to their patients to inform them of the change. The CCG told us that this was problematic because they had to send letters to everyone who had a repeat prescription although many of these would not have been affected because the pharmacy wasn't ordering their repeat prescriptions for them.

“It is about 1½ miles to the surgery and yet the chemist is 50 yards away and it's worked for 4 years. Why change it?... Winters coming and to get to the surgery will be hard”

“I received very good service and advice from my pharmacy. He has been a great help and it will be a step backwards for him to lose this ability to help.”





What did people tell us? The details continued.

What the patients told us about communication

In our survey, we asked patients how they were told about the change and whether they understood the reasons why the changes were being made.

- 35 out of 55 people told us they were informed by post or letter. Out of these, 20 said that they understood the reasons why the changes were being made.
- 10 people told us they were informed about the changes by their chemist. Of those, 5 said they understood the reasons for the changes, 5 said they did not.
- 4 did not remember having been informed but had found out when problems arose.
- In total, 32 said that they did understand the reasons for the change, 21 said they did not and 2 were unsure.

What the pharmacists told us about communication

The pharmacies and LPC (Local Pharmacies Committee) told us that the letters had caused considerable worry and confusion for several patients. In talking to pharmacists, we felt that while their primary concern was the disruption to patients, they were also unhappy that they had not been sufficiently consulted, involved or informed about the change and that many of the letters sent by GPs had wrongly blamed pharmacies for medicine waste.

Our online survey for pharmacists asked: "How well do you think the process of changing repeat prescription management service was organised?"

- Only 1 person said they felt the process was well communicated and managed
- 7 pharmacists said it was ok but could have been improved
- 11 agreed with the statement "Not well at all, with little or no communication about the process".

We asked the pharmacies what could have been done better to improve the process. They told us:

- Talk to pharmacies and patients before the change to better understand the situation and their views.
- Communicate better - with clearer guidelines and explanations e.g. about patients exempt from scheme and what pharmacies should do for patients who run out of medicines.

How many patients have run out of medicine since the withdrawal of the service?

37% of people we spoke to told us that they had run out of medicine since the change to service.

11 had forgotten to order, 2 were not able to contact their GP, 3 said they had run out because they didn't know about the change and 6 cited other reasons including "not able to access website", "it was the weekend" and problems caused by the surgery. To obtain the medicine that they needed after they had run out, 8 said they had to go to their GP, 8 said the pharmacy ordered for them and 3 said that they went without.

How else have patients been affected by the withdrawal of the service?

- 20% of patients had experienced or said they would experience no adverse effect or a positive effect due to the change.
- 43% had experienced - or said they would experience - a mild inconvenience. This included having to post a prescription, needing to walk further to get prescription or take a bus, experiencing a poorer service, delays and complications, losing the support of their pharmacist, some difficulty in remembering, signing up for online repeat service and the general disruption of change.
- 38% had or would experience a considerable inconvenience or negative effect. This included experiencing considerable difficulty (and pain) in getting to the GP surgery, stress and distress, worrying about remembering to order and/or running out of medicine because of memory or mobility problems.



"No clear process of what can or cannot be done if process fail e.g. if patient has no medication."

"Informing us as it was happening would have helped, we were informed by patients."

- 8 pharmacists told us that they had not received any information or communication about the change.



What did people tell us? The details continued.

"I am finding this very stressful to arrange myself and often find myself running low. These are my anticancer drugs. I have never had a problem and I would like them to continue. It takes the pressure off."

Patient told us that their GP surgery is far away. Now she has to make multiple journeys especially as the GP keeps getting prescription wrong which the chemist never did. The chemist always made sure she got the right amount. She has a disabled son which makes it even harder to get to both GP surgery and pharmacy all the time.

"I really would be affected because I'm asthmatic."

"Where I ordered my items from the chemist I now have to walk 2 miles to DRs to order. I am crippled with arthritis. Always in pain."

"I cannot drive - so now my wife has to get the car out, drive from Walmer to Deal, pay to park in order to put prescription with GP surgery. This change has affected our lives adversely and needlessly."

Were the CCG justified in their concern about waste and might this change help reduce the cost of medicine waste in the future?

We do not feel that sufficient data was available to answer to this question. However, from our observation and discussions with pharmacy staff we felt that some pharmacies were going to great lengths to reduce waste, while a smaller number of others were not. It appeared that where patients were stockpiling this was generally due to the automatic repeat prescription service. "We don't waste anything." "Wastage has certainly gone down in the last 6 months."

We asked the patients whether they had ordered medicines that they didn't require in the past or stockpiled medication.

- 84% told us that they had not
- 14% told us that they had and
- 1 person was unsure.

Our online survey asked pharmacies whether they felt the changes would reduce medicine costs to the NHS. 1 person told us yes, they thought it was a good idea. 90% said not.

We also asked patients whether the change in service would encourage them to only order the medicines they needed.

- 24% said it would
- 40% said it wouldn't

"I would order more because if I had to go all the way to the surgery I would order everything. If I can go to the pharmacy when I want something I just order what I need."

Finally, we asked people whether they thought the change would prevent other people from ordering medicines that they don't need?

- 48% said yes
- 42% said no
- 11% said they didn't know





What did people tell us? The details continued.

What other impact might the change have on the healthcare system and patient experiences and outcomes?

We are concerned that the closure of pharmacy-managed repeat prescription services may result in patients going for some days or even significant periods of time without taking important daily medicines or inhalers etc. This could potentially lead to poorer health outcomes, increased or even fatal health problems and increased hospital admissions.

Increased pressure on pharmacies, surgeries, 111 and hospitals?

When patients run out of medicines, as 37% of our survey respondents reported, this puts additional pressure on pharmacies and GP practices. It is also quite possible that patients will end up calling 111 or attending A & E.

Up to 30% of all calls to NHS 111 services on a Saturday are for urgent requests for repeat medication. Not only does this block GPs appointments for symptomatic patients who have a greater clinical need, but it leads to a disruption in the usual repeat prescribing and dispensing cycle with the potential for medicines waste. In addition, many patients must visit two locations - GPs base, followed by a community pharmacy to arrange a supply. Finally, outside of NHS 111, patients are known to attend the local Emergency Department (ED) with a repeat prescription request. This can be very time consuming to deal with in a busy A&E involving clinical and support staff.

Source: Urgent Repeat Medication Requests Guide for NHS 111 Services, October 2015, NHS England

Empowering patients?

South Kent Coast CCG told us that one of their aims was to get patients to take more control of their own medication. Our survey asked patients whether they felt the change will help them feel more in control of the medicines they take. 67% said that it would not, 33% said that yes it would. Several people we spoke to told us that their pharmacist helped them feel more in control of the medicines they take because they trust them to get it right.

What else could the NHS do to help patients feel more in control of the medicines they take?

Our survey asked patients whether there was anything else the NHS could do to help them feel more in control of the medicines they take? 76 people either left this blank, said 'no' or that they already felt in control. 5 said they wanted to have things returned to how they were. 3 people mentioned medicine reviews: 'Have a review every 6 months', 'Ensure review regularly as per review date', 'Undertake the reviews that are scheduled on prescription but are never conducted' and 2 people said they would like to have their medicines delivered to their home.





What did people tell us? The details continued.

How would patients like to be able to order their repeat prescriptions?

Our survey asked: "How would you like to be able to order repeat prescriptions?" and gave three options: In Person, Online/by internet and by telephone

- 53% said in person
- 18% said Online/By internet
- 24% said by Telephone, a further person said "telephone if poorly".
- 8 people specifically told us that they would like to order "via their pharmacy" although that was not an option.

How do people feel about ordering online?

Some people we talked to told us they did not have a computer and more expressed concern for the elderly who do not have a computer. One person told us they wouldn't want to use the internet "because too many people would get your details, it wouldn't feel safe." We also found that some people welcomed the support and advice of their pharmacist when they ordered and they would not get this from online ordering.

Why do most people prefer to order in person?

We thought that this was partially a matter of habit: people often like to do things the way they have always done them. Ease was also a key issue as many people lived very close to the pharmacy and liked to pop in somewhere where the staff are helpful and friendly. From our observation and discussions with patients we also noted that - particularly when visiting their pharmacist, people appreciate the opportunity to get support from a professional. There is also the fact that people appreciate continuity of service.

Would Repeat Dispensing be a good replacement of or aid for pharmacy-managed repeat prescription services?

Repeat Dispensing is a specific service where patients who are stable on their medicines can receive up to a year's supply of medicine in batches from the pharmacy without the need to order the medicine from the GP. We explained what this service entailed and asked patients whether they would be likely to use it. 60% said YES, 27% said NO, 11%

When we spoke to the LPC, members there felt that a Repeat Dispensing service would offer the potential for increased efficiency and cost-saving for the NHS as well as better safety and outcomes for patients. The system involves the practice creating a "batch" of regular prescriptions at the start of the Repeat Dispense period - be that a 3, 6 or 12-month period, for example - and requires the pharmacist to ask the patient whether all the items are required every time the patient collects the next set of medications. It affords the opportunity for the patient to explain that they do not need a particular medicine for some reason which the pharmacist can then mark as Not Dispensed (ND) and therefore the item is returned to stock and no cost is incurred. It also gives opportunity for the pharmacist to spot any safety or health concerns when the patient comes in person to collect their prescription. Once a cycle has been completed, the next cycle can only be commenced by the prescribing practice, so the patient is forced to have a medication review at the prescribing practice - neither the patient nor the pharmacy can initiate a new batch without the practice being involved. The system helps to ensure that the patient's medication is reviewed regularly.

We also spoke to Andrew Hathaway, Senior Implementation Manager for EPS at NHS Digital, who told us that to successfully start offering a Repeat Dispensing service, surgeries should start small with a small group of carefully selected patients, get to understand the way that electronic Repeat Dispensing (eRD) works and build from there. In theory, any patient with regular meds which are robust and not subject to frequent/regular change is suitable for eRD. Training is also crucial and access to the Electronic Prescription Service (EPS) needs to be in place first.





Kent Local Pharmaceutical Committee Response

Thank you for sending this LPC the official copy of your report, Healthwatch Report on Repeat Prescriptions in Kent.

I note that you have asked for any final comments on this piece of work.

This report was developed as a result of concerns about patients having to (now) order their repeat prescriptions either on-line or via their surgery, at all times and no longer via their community pharmacies.

Since this piece of work in South Kent Coast Clinical Commissioning Group (CCG) area, several CCGs have now also introduced a Prescription Ordering Desk into their CCG operation. The patient has to ring that desk for repeat medicines and if they are closed, go to their surgery. This will of course require extra staff in the CCG and pass extra work onto surgeries involved. These surgeries are already very busy and if the patient cannot raise the prescription there, they may well come into the pharmacy. This appears convoluted.

We note the objective comments that you received and we wish to make the following comments:



Sixty of ninety one patients surveyed in the CCG area had already been affected by these changes and nineteen out of thirty surgeries in South Kent Coast. This was introduced despite many pharmacies using a repeat prescription ordering system that did not create waste.

Over a third of patients believe this change will have a significantly adverse effect on them, especially the elderly and those with mobility problems, confusion and without their own cars. 37% of affected patients reported that they had run out of their medicines and this is concerning.

Your report clearly states that most pharmacists involved and surveyed believe this change to the prescription ordering process is not the right decision. We have recently seen a CCG letter form a different CCG stating that community pharmacist there unanimously supported such a change and the development of a CCG Prescription Ordering Desk. I have asked for evidence of that.

We are extremely concerned that the letter from the CCG to healthcare professionals and the public infers that community pharmacists are to blame for creating prescription medicines waste. It is much more the case that now surgeries are having to investigate patient orders closely and manage them, the medicines ordered are declining and the surgeries were always responsible for reviewing repeat orders of medicines before they were signed off by the General Practitioner.

You recommend that other CCGs considering this approach should work more closely with community pharmacy; that has not happened. Further, your recommendation that CCGs should consider a less wholesale withdrawal of community pharmacy repeat prescription ordering has not yet been heeded.

You make reference to the electronic repeat dispensing service or "batch prescribing." This is an excellent way ahead and will save surgeries time and be better for patients. CCGs should be encouraged to set this up in surgeries. We fully support this approach.

Further to the above it appears that no widespread public engagement exercise was carried out and the changes had to be explained to patients by community pharmacists and their staff as well as surgery staff. A majority of patients would prefer to order their repeat medicines themselves and have a choice as to where to go for this. Our repeat prescription ordering systems were a private (non-NHS- service) provided free of charge, for patients' benefit. With that withdrawn, there is a concern that with the Easter Bank Holiday weekend approaching, patients may be worried or concerned about obtaining their medicines. We note your comment, quoted from the Urgent Repeat Medication Requests Guide for NHS 111 Services, October 2015, NHS England that states: -

"Up to 30% of all calls to NHS 111 services on a Saturday are for urgent requests for repeat medication. Not only does this block GPs appointments for symptomatic patients who have a greater clinical need, but it leads to a disruption in the usual repeat prescribing and dispensing cycle with the potential for medicines waste." We wish to see the effect of this CCG action on NHS 111 urgent medicines requests over the coming Bank Holiday.

I wish to be clear that community pharmacies will of course make sure that no-one comes to any harm although the extra work and cost of this was avoidable.

We thank you for your work on this matter.

Yours sincerely,
Michael Keen



South Kent Coast CCG Response

In November 2015 a decision was made by NHS SKC CCG to recommend that GP surgeries no longer allow pharmacies to order medication on behalf of patients. This decision was taken after reviewing prescription request data from surgeries within the CCG area. This data showed that some pharmacies were ordering medication that patients did not require and in some cases ordering medication that had been discontinued. Some practices stated that they did not feel that they had control over a process for which they are clinically and legally accountable. Our analysis of the data across the CCG suggested that approximately £350,000 of medication may be being wasted as a result of pharmacy ordering processes. Unfortunately despite working closely with local pharmacies to amend their processes and try and reduce waste it did not result in any changes or improvement. Therefore a decision to recommend withdrawal was made after consultation with the CCG's Health Reference Group.

Implementation of the withdrawal was not mandatory. For the 19 practices who agreed to implement, consultation with their patient participation groups (PPGs) was undertaken.

The withdrawal of pharmacy ordered repeat medication was undertaken in a phased approach between April 2016 and February 2017. The following process was undertaken in all practices:

- Consultation with the PPG and agreement of wording for patient letter
- Pharmacies emailed to confirm withdrawal date
- 56 days before withdrawal all patients with repeat medication sent letter explaining why the withdrawal has been agreed and what they must now do. The letter specified times in the next 2 weeks when any patient could call the practice for clarification or to identify themselves as someone who needed more support with their medication ordering.
- Posters and leaflets provided within the practice to make patients aware of the change to the ordering process.

The following benefits have been observed as a result of the change:

- Patients who have identified themselves as having agreed difficulties with ordering medication have been provided with appropriate support.
- Increased patient registration for access to practice on line services and all the advantages this can provide for patients
- Practices feel that they are now in control of the repeat prescribing process for which they hold accountability. The CCG is not receiving reports that discontinued medication is being requested.
- An overall reduction in expenditure on prescribed medication but in particular on "as required" medication such as creams, inhalers and analgesics.

It is recognised that not all patients are in agreement with this change. However the CCG has tried to ensure that patients are aware of the clear rationale upon which the decision has been taken. Patients who feel that the change will have a significant adverse effect upon them are encouraged to contact their GP practice to discuss their concerns.





Healthwatch Kent

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We gather and represent people's views about any health and social care service in Kent.

Our role is to understand what matters most to people and to use that information to influence providers and commissioners to change the way services are designed and developed.

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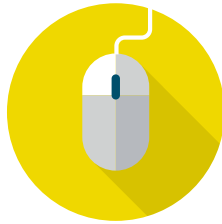
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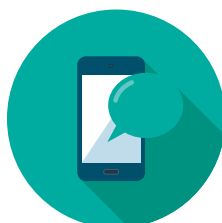


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