**Medicines Optimisation**

**Project Planning Brief**

**Changes to Repeat Prescribing
Ordering Systems**



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1. **Introduction**

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| **Programme/Project Title:** | Changes to repeat prescribing ordering systems  |
| **Project Lead:** | Karen Hiley |
| **Project Commence/End:** | November 2019/April 2020 |

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| * 1. **Project Definition**
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| To change the way repeat prescriptions are managed and processed. This will require a number of changes to processes. The changes will include:* Stopping managed repeat ordering systems
	+ Including Dispensing contractors, Online/Distance-selling Pharmacies and Dispensing Appliance Contractors (DACs)
	+ This only affects patients who have authorised a third party supplier to order medicines on their behalf
	+ Will not impact on patients who already order directly from the practice
	+ Will not impact on eRD patients
* All patients (or their carers) will order their own repeat medication for ongoing treatment from the practice.
	+ Community pharmacies and other third parties will not be permitted to order medication on behalf of patients for whom they usually dispense prescriptions unless they are deemed to be on the list of patients who may require assistance, as follows:
	+ Patients using Monitored Dosing Systems.
* Patients who cannot order online, or do not have a carer or representative who can order on their behalf and are also:
	+ Housebound
	+ Have a Learning disability
	+ Have severe mental health conditions
	+ Have dementia

This is not an exhaustive list. Community pharmacies and GP practice staff will know who the patients requiring assistance are. Other patients requiring assistance may be identified by practice staff or pharmacy staff as needing additional support in managing their medication. |
| * 1. **Background**
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| The Cessation of Managed Repeats Recommendation Report has been approved at the East Riding of Yorkshire, Hull, North Lincolnshire, and North East Lincolnshire CCG committees. The rationale for this project is to empower patients to take ownership of their medication; also other areas that have stopped third party ordering of repeat prescription have seen a significant decrease in cost growth which would indicate a reduction in waste medication:* It is estimated that £300 million of NHS prescribed medicines are wasted nationally each year.
* By introducing limits to third party ordering of repeat prescriptions Luton CCG estimated savings of £2 million over two years for prescribed medication
* Across the HCV STP, repeat medication accounts for up to 80% of prescribing costs which is up to £182M of prescribing resources
* 80% of all prescriptions are repeat prescriptions
* Potential avoidable waste across the 4 Humber CCGs based 2018/19 total costs across, is over 2.5 million
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| **1.3 Key Messages/Benefits** |
| **Patients*** Patients and carers are encouraged to ‘only order’ the medicines they need when they need them. This gives them greater control over their own medicines and health.
* By only ordering what they need, patients will no longer build up a stock of unused medicine that has to be stored safely and used within date, which is safer for the patient.
* Reducing the prescription waste (stocks of unused medicine) we estimate the HCV STP can save approximately £2.5 million. This money can be spent on improving local health and care services for our local population.
* The change aligns with the NHS priority under the Long Term Plan to encourage patients to take greater responsibility for managing their own health.

**General Practices*** GP Practices will see a reduction in the number of prescription request queries from pharmacies. This will help to release the admin team’s time and improve efficiencies within practices.
* We anticipate the change will encourage more patients to order their prescriptions electronically by signing up to GP online services or downloading the NHS App, helping to reduce administrative workload.
* Promote the use of Electronic prescribing service (EPS) and Electronic repeat Dispensing (eRD)
* Bringing repeat the prescription ordering process back into GP Practices will help improve assurances that medicines are used in a safe, effective and appropriate manner.
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1. **Project Implementation Plan**

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| **Objective**  | **Task** | **Output**  | **Action owner** | **Timescale for completion** | **Progress** | **Status** | **Risk/Issues identified** |
| Gain support and Input across the 4 Humber CCGs | Task and Finish group, covering Hull, East Riding, North and North East Lincolnshire to be established  | Task and Finish Group Set up | Karen Hiley | 1.11.19 |   | closed | Attendance to T&F group not being across all sectors/CCG |
| Complete list of patients who will require assistance to order their medication | Attend events/meetings identified in stakeholder mapping | List of potential patients that will require support with ordering their prescriptions  | Karen Hiley | 20.01.20 | List confirmed at task and finish group on 10.1 .20 | closed |   |
| To identify Key Stakeholders | Request each CCG Communication lead to pull together a list of key stakeholders. Identifying with stakeholders require information and which require engagement | Enabling Mapping of communication to stakeholders | CCG Communication Leads | 11.11.19 | Completed | closed |   |
| Draft leaflet based on VoY materials | Draft written material explaining the changes, the reason why and what patients have to do after 1 April 2020 developed | Materials drafted and shared with Task and Finish group  | Iquo | 30.1.20 | Leaflet drafted, Re-wording required. | closed | Materials not being approved in time to be circulated to identified key stakeholders |
| Identify Events/Meetings | Arrange attendance at EVENTS/Meeting | To communicate project to GP/Staff, public | Karen Hiley | 28.2.20 | Have identified events and method of communication - Requires dates for PCN meetings | closed |   |
| Gain Feedback on list of patients who need assistance with ordering their medication | Karen Hiley | 31.12.19 |   | closed |   |
| Identify Events/Meetings | LPC Organising Engagement events for Community Pharmacies and to invite Practice Pharmacists (1st Feb-12th Feb) |   | Karen Murden (LPC) | 12.2.19 |   | closed |   |
| Quotes for leaflets and posters based on OTC campaign |   | Karen Hiley/Iquo | 20.11.19 |   | In progress |   |
| Understand how NHS APP can be utilised | Information regarding NHS APP to be circulated to group | Feed information into communication materials | Amy Campbell (NL) | 22.11.19 |   | closed |   |
| Internet Pharmacies - communication required | Clarify how to communicate with internet pharmacies | KM - some can link directly to GP practice (So exactly the same if they were ordering of the APP) | Karen Murden (LPC) | 20.11.19 |   | closed |   |
| Identify potential complaints | Feedback from VOY regarding complaints  | VoY had complaints mainly via community pharmacy, currently completing a survey and will share | Karen Hiley | 31.1.20 | Draft Frequently asked Questions for GP practices and Dispensing Contractors | closed |   |
| To understand how patients can order directly from GP Practices | Map out the infrastructure within GP practices including internet options and phone lines for ordering repeat medication - Liaise with CCG Primary care leads to understand how this can be mapped out and feed back to CCGs | Identify barriers and then the work we need  | Karen Hiley | 15.1.20 | Have included Patients who cannot order online with exemptions | closed |   |
| Communication Materials | To be shared with stakeholder identified | Send communication Materials and letters to stakeholders and include in practice CCG weekly communications to GP and Community Pharmacy weekly communications | 27th – 31st January 2020 | 27.2.20 |   | Open  | Materials not agreed |
| Patients informed by leaflets and conversation with community pharmacy of change to prescription ordering process for patients currently on the pharmacy managed repeat service | Community pharmacies informing patients that they will need to order their repeat medication themselves  | Patients ordering their own medication |   | 1st of February to the 31st of March 2020 | Suggest 1st April is a ‘soft go live’ date. Communicate 1st April to patients as final date. GPs to still accept from pharmacies (including internet) in April to minimise risk of Easter. | Open  | Risk of Go Live date of 1st April with Easter (4 days GP surgeries closed). |
| Communication Toolkit for reception/ Admin teams with GP practices | Create a toolkit for GP practices including leaflets, posters, prescribing guidance, FQA, Exemption list, MJog wording | To inform and educate practice on the project and process | Iquo | 31.1.20 |   | Open  |   |
| Communicate Changes to RPOS | Draft letter for DACS, Internet pharmacies and community pharmacies | Letter drafted ready for circulation | Karen H/Karen M | 31.1.20 |   | Open  |   |
| To inform DACs companies of changes to repeat prescription ordering services | Letters to DACS | To communicate project to DACS | Karen | 20.2.20 |   | Open  |   |
| Send communication materials to dispensing contractors | List of community pharmacies for each CCG, materials to be circulated at LPC events and any gaps to be posted out. | All Dispensing contractors aware of changes to repeat prescribing | Karen/ Karen M | 20.2.20 |   | Open  |   |
| Inform Internet pharmacies | Letters to be sent to Internet pharmacies | All Dispensing contractors aware of changes to repeat prescribing | Karen M  | 20.2.20 |   | Open  |   |
| Inform Practices on list of patients who may requiring assistance ordering their medication  | GP guidance for identifying patients who may require additional assistance with repeat medication ordering- Assisted Patients | List of potential patients that will require support with ordering their prescriptions and process | Karen H | 22.1.20 |   | Open  |   |
| Inform Pharmacies on list of patients who may requiring assistance ordering their medication  | Pharmacy guidance for identifying patients who may require additional assistance with repeat medication ordering- Assisted Patients | List of potential patients that will require support with ordering their prescriptions and process | Karen H | 22.1.20 |   | Open  |   |
| Launch dates | Soft launch April to June (Communication materials to state 1st of April) Practice/community pharmacy asked to take a common sense approach cut off 1st of June 2020 |   | All |   |   | closed |   |

1. **Communications timeline**

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| * 1. **GP / Staff Engagement**
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| **Activity/Event** | **Method of Communication** | **Lead** | **Timescale** |
| GP Provider Delivery group | Recommendation report | James ledger | October 2019 |
| NEL Clinical Leads | Recommendation Report | James ledger | 19th September 2019 |
| Admin team (ERS training) | Presentation | Karen Hiley | 9.1.20 |
| Local Medical Committee | Presentation to joint LMC re changes to the managed repeats and timescales | Karen Hiley | 18.12.19 |
| Practice Manager Email | Email to all PMs informing them of the changes to managed repeats and offering MO Team support where necessary / applicable | Mel Hannam | 3.3.20 (TBC) |
| Council of Members  | Presentation | Karen Hiley | 30.1.20 |
| Primary Care Commissioning Committee | Briefing document | Karen Hiley | 4.2.20 |
| Protected Time for Learning | Presentation  | TBC | 27.2.20 |
| PALS/Patient Relations | Brief team | Mel Hannam | February/March |

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| **3.2 Public / Patients** |
| **Activity/Event** | **Method of Communication** | **Lead** | **Timescale** |
| Community Forum | Presentation | Julie Gray | 8.1.20 |
| Public wellbeing event |  |  | 11.2.20 |

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| **3.3 Statutory**  |
| **Activity/Event** | **Method of Communication** | **Lead** | **Timescale** |
| Next health and social care scrutiny  | Written brief sent with the offer of attending to present changes if necessary |  | March 18th at 4pm |
| Health and Wellbeing board | Written brief shared |  | 24th February at 2pm |

1. **Proposed Timelines**

