



# Patient Led Repeat Prescription Ordering Pilot

**November 2016 – March 2017**

**Project support by MLCSU Medicines Management and Optimisation  
Team**

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## Executive Summary

The NHS Wirral Clinical Commissioning Group (CCG) Patient Led Repeat prescription Ordering pilot operated for five months, from November 2016 to March 2017. The project was supported by Midlands and Lancashire Commissioning Support Unit, Medicines Management and Optimisation Team (MLCSU MMOT) working with NHS Wirral CCG.

This report outlines the final outcomes and findings. Various reports have been used to analyse the data for this pilot, collected at different points throughout the pilot. We have collated the views and experience of patients and other stakeholders during the pilot and monitored prescribing data following the launch of the scheme.

Reviewing this data together enables the impact and effectiveness of the pilot to be determined. The findings have informed a number of recommendations for NHS Wirral CCG to consider when planning the further voluntary roll out of the pilot amongst their member GP practices.

### The Project team consisted of:

#### MLCSU

- Abigail Cowan – Project Lead
- Susan Maire – Wirral Medicines Optimisation Lead
- Paula Wilson – Head of Medicines Optimisation – Cheshire Lead
- Jonathan Horgan - Head of MLCSU MMO Services, Project Sponsor
- Jessica Pathak - Equality and Inclusion Business Partner

#### Wirral CCG leads

- Mike Treharne – Director of Finance – Project Sponsor
- Sarah Boyd-Short – Senior commission Lead – Primary Care
- Barbara Dunton – Senior Commissioning Lead – Primary Care
- Tracey Dakin – Commissioning Manager
- Norma Currie – Commissioning Manager
- Hannah Ward - Communication & Engagement Lead
- Joanne Bradburn – Business Intelligence Lead
- Louise Morris – Finance Lead
- Dr Diane Atherton – CCG GP Project Lead
- Janet Warring – Quality Manager



## About the Pilot

In the Wirral about £2.2 million is wasted every year on unused or partially used medication.

Work undertaken in other areas has shown that by working with patients and GP practices a reduction in prescribed items can be achieved. In November 2015, Luton CCG piloted a project (see link below), in 18 GP practices and saw a reduction of 53,675 prescribed items (a reduction of 2.5%). Luton was the only CCG in England to achieve a reduction that year. In comparison NHS Wirral CCG saw a rise in total items of 27,752 from April to July 2016, against the same period in 2015. This equates to a 1.1% increase.

<https://www.luton.gov.uk/news/Pages/Innovative-cost-saving-project-scoops-Luton-Clinical-Commissioning-Group-two-national-awards-.aspx>

Patient led repeat prescription ordering means that participating GP practices only accept repeat prescription requests directly from patients or carers (excluding blister pack, care home and vulnerable patients) and no longer accept repeat prescription requests from pharmacies.

NHS Wirral Clinical Commissioning Group (CCG) Financial Recovery Group approved the pilot proposal in August 2016.

The aims were to reduce the high cost of wasted medicines to the local NHS and importantly to improve patient safety issues, with regards to stockpiling medication. Concerns about these issues had been highlighted to the CCG and MMOT by practices and patients over a period of time.

Additional potential benefits from this pilot included empowering patients to manage their medication and reducing administration time for GP practices and community pharmacies, resulting in them having more time to provide essential patient services like Medicines Use Reviews (MURs) or New Medicine Service (NMS) reviews.

### **Key points about the pilot:**

- 8 GP practices across Wirral opted in and started the five month pilot during November 2016.
- 29,514 patients (those prescribed repeat medication), were sent a letter between October and November 2016 to advise them about the pilot. This equated to approximately 45% of registered patients out of a total population of 65,474 in these pilot sites.
- Patients identified as vulnerable were excluded.

The following elements of the pilot have been essential in the designing and implementation:

- The commitment and support of the eight GP practices and the pharmacies involved in the pilot.
- Midlands and Lancashire Commissioning Support Unit (MLCSU) provided Medicines Management and Optimisation expertise and leadership in conjunction with the CCG.
- The community pharmacies have provided ongoing support to those practices and patients involved in the pilot.
- Equality Impact Assessment of the pilot has been central to informing the implementation and design of the pilot.
- Regular communication with the Wirral LPC representative.
- Regular meetings with the project team including a continuous review of the project plan.
- Presentations and in depth, face to face meetings with GP practice staff.
- In depth training for practice staff provided by MLCS Medicines Management and Optimisation Team (MMOT).
- Presentations and regular updates to the CCG members.
- Regular communication with local pharmacies, although feedback from the pilot showed that this could have been improved.
- In June 2017 representatives from the MLCSU MMOT and the CCG presented an update of the pilot findings at the Wirral Older Peoples Parliament and the Wirral Overview and Scrutiny Committee.



## Final Evaluation

### Prescribing Data Analysis

Analysis of the data in this initial evaluation report suggests positive outcomes for the pilot. In particular, findings show a reduction in spend on medicines at pilot practices resulting from a significant reduction in the number of items issued, which correlates with associated improvements in patient safety and quality.

The average numbers of items prescribed on a monthly basis, in each practice, after the implementation of the pilot were significantly reduced compared to the period prior to implementation. On average 2,500 fewer scripts were issued each month as a total for all 8 practices. Data showed an overall reduction in growth in dispensed items of around 1.2%.

Practices involved the pilot were also compared to a group of local practices with a similar patient demographic. These controls showed no growth reduction in the same period.

Each practice's average cost per item (ePACT) was used to estimate a cost saving. . The total estimated cost reduction across all 8 practices was £20,824 per month. This equates to approximately £104,000 for the 5 months of the pilot. The 8 practices cover 20% of the total Wirral population

For further information please refer to the outcomes section below. Please note that;

- Based on the results of this pilot, roll out to all 52 Wirral GP practices would potentially be expected to achieve an estimated £1.2m cost improvement per annum to primary care prescribing spend.
- Some caution is required with this estimate as other QIPP schemes may also have had some influence on the volume of prescription items.



## Background and pre-pilot work

The Department of Health released evidence highlighting significant waste and inefficiencies in repeat prescribing - <https://www.nao.org.uk/report/prescribing-costs-in-primary-care/>

**Nationally** it is estimated:

- £110 million worth of medicines are returned to pharmacies.
- £90 million worth of unused prescriptions are being stored in homes.
- £50 million worth of medicines are disposed of by care homes.
- £150 million worth of medicines waste is avoidable.

Repeat prescriptions represent 60-75% of all prescriptions issued by GPs and 80% of prescribing costs.

NHS Wirral CCG spends around;

- £60 million on prescribed drugs each year.
- Out of this around £44 million is spent on repeat prescriptions.

To address this significant waste, improve patient safety and save money, several CCG's across the country have worked with community pharmacies to pilot schemes stopping automatic ordering of repeat prescriptions.

Using the findings and feedback from various local CCGs, Wirral developed a similar approach to be piloted in 8 practices.

To devise its local repeat prescription ordering scheme, the MLCSU MMOT carried out a range of activities and exercises. This included speaking to the public and various health professionals to explain the rationale for the pilot. This section of the report gives an overview of these activities.

### GP Practice Engagement and Support

All Wirral GP practices were contacted by the CCG to determine their interest in joining the pilot. Eight interested practices were invited to a presentation afternoon which explained the pilot in more detail.

A package of support was developed for these 8 participating practices, including face to face briefings, in depth training, support in dealing with individual patients and covering postage costs for patient letters. A variety of resources were developed to support practices in their interactions with patients, carers and their practice patient groups.



## **Community Pharmacy Engagement**

The MLCSU MMOT liaised with the Local Pharmaceutical Committee prior to the pilot commencement to discuss plans for implementation and the dissemination of communications to Wirral community pharmacies.

During the initial phase of the pilot the MLCSU MMOT visited a number of community pharmacies in close vicinity to the 8 GP pilot practices across the Wirral. The pilot was explained in more detail and the views of local community pharmacists and their staff were established. Feedback from this was generally positive and supportive of the scheme. Some pharmacies raised concerns about the speed of implementation of the pilot, the impact on vulnerable patients, and how this would be managed.

This gave the MLCSU MMOT the opportunity to request that each pharmacy supplied every pilot GP practice with a list of patients receiving monitored dosage systems (blister packs) and also a list of patients whom the pharmacy felt may be “vulnerable”, struggling with the ordering of their medication.

## **Public Engagement**

Before the pilot was introduced, the CCG’s Communication and Engagement Team provided GP practices with a variety of materials developed by MLCSU MOT, to raise awareness of the cost and safety issues connected with medicines waste. This included printouts for the public, information for practice websites and also information to be shown on the TV screens within patient waiting areas. In addition to this NHS Wirral CCG also raised public awareness via social media.

During the 2016 NHS Wirral CCG Annual General Meeting NHS Wirral CCG and the MLCSU MMOT raised awareness of the cost and safety issues associated with medicines waste, and gained views about the proposed pilot from the public and health professionals.

## **Public sector equality duty – Pre-equality Impact Assessment**

An initial Equality Analysis (EA) report was undertaken by MLCSU on behalf of NHS Wirral CCG in September 2016. The report tested the equality implications of the pilot and concluded that the pilot was not discriminatory, provided practices made reasonable adjustments to the new systems for vulnerable patients, to ensure they receive their repeat prescriptions without disruption.

Public Sector Equality Duty (PSED) was met and a mitigation plan outlined in the report was embedded into the pilot planning and approach. As a result of the EA the project group continued to review the process for vulnerable patients and the EA was reviewed as required. The EA report is available on request.



NHS Wirral CCG ensures that they follow the Accessible Information Standard.

### **Quality Impact Assessment**

A Quality Impact Assessment was undertaken. This highlighted the need to ensure the pilot included sufficient processes to identify vulnerable patients and to ensure that their access to medication was not affected by the change in process, and that alternative ordering systems would be put in place. It was noted that the pilot would also improve the patient safety for this cohort of patients who are frequently on complex medication regimes by reducing the risk of stockpiling medication. Any patient safety and quality issues that arose during the pilot were addressed. The full quality impact assessments are available upon request.

### **Stakeholder Analysis**

Initial research and data, including the results of the Equality Impact Assessment, fed into the project plan which enabled the CCG's Communication & Engagement Team to establish where targeted communication and engagement would be needed during the implementation of the pilot. Prior to the pilot commencing, the necessary information was cascaded to the Wirral Community Foundation Trust, Wirral University Teaching Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Integrated Care Coordination Teams, service leads in Adult and Community Division, Divisional managers of Children's and Well-being and Unplanned Care.



## Implementation

29,514 patients in the pilot practices who were prescribed repeat medication were sent a letter relating to the pilot. Views on the content of the letter and leaflet were sought from members of the CCG and the MLCSU MMOT.

NHS Wirral CCG funded the cost of sending the letters to patients and the production of posters used in surgeries and community pharmacies.

MLCSU MMOT supported pilot GP practices, and their staff, with implementation including in depth initial discussions, practice staff training, answering queries, being at the practice on 'go live' dates, contacting pharmacies either by telephone or in person and providing advice and guidance particularly on best practice.

## Queries and Complaints

During November 2016 - March 2017, an approximate total of 96 queries or complaints were received in relation to this pilot, via various routes as per Table 1 below. Most queries and complaints were directed to the Patient Advice and Liaison Service (PALS), as advised in the patient information letter, but a number came direct to NHS Wirral CCG's Corporate Affairs Team and the MLCSU MMOT. All queries and complaints received by PALS and NHS Wirral CCG were logged. NHS Wirral CCG was notified of any complaints received by the MLCSU MMOT.

All complaints and queries made were resolved to the patient's satisfaction.

An individual review of all the queries and complaints received by PALS showed the following:

Table 1 - Breakdown of queries or complaints and outcomes following PALS intervention

Query or Complaint	Total received	Total resolved by PALS	Total forwarded to NHS complaints email
Query	88	86	2
Complaint	8	3	5
Total	96	89	7

## Freedom of Information (FOI) requests

No freedoms of information requests were received.



## **Digital communications and Feedback**

Digital communications involved information being made available on the CCG website. The Communication and Engagement Team also devised a template of information for pilot practice websites. The information supplied consisted of the key changes and contact information if patients needed more advice or support.

The feedback received was mainly from patients with queries or issues about the pilot which were addressed via Patient Advice and Liaison Service (PALS) and which are documented in the queries and complaints section of this report.

## **Community Pharmacy Feedback**

A total of 9 community pharmacies across Wirral raised concerns about the pilot and its implementation. NHS Wirral CCG reviewed and responded to these concerns to provide assurance to pharmacists.

The main concerns included;

- Available resources to support discussions with the public.
- Lack of notice about the change in process.
- Queries about EMIS Patient Access and the Electronic Prescription Service (EPS).

Many of the queries and complaints from patients were directly related to the pilot, however some were related to the way that the repeat prescribing process is managed within individual GP practices e.g. prescriptions being not signed.

## **Local Pharmaceutical Committee**

The Local Pharmaceutical Committee (LPC) assisted with the communication to Wirral pharmacies prior to the pilot implementation.

The project lead engaged with the Wirral LPC representative regularly throughout the pilot process.



## Engagement

Data from engagement with practice staff, the public and community pharmacies highlighted potential improvements in regards to implementation in individual surgeries.

This helped to improve the pilot's operation in the 8 participating practices and also informed other member GP practices.

It should be noted that the data presented in this report relates to 8 of a total of 52 practices across Wirral (20% of the Wirral population are covered by these practices), covering the five months of the pilot.

Ongoing analysis and engagement with key groups will be undertaken when the scheme is rolled out across all practices.

## GP Practice Engagement and Involvement

The MLCSU MMOT supported practices throughout the pilot. In December 2016, practice managers and their staff were invited to a feedback session, facilitated by the MLCSU MMOT, to gain a better understanding of how well the pilot was going, what wasn't working and how the pilot could be improved to support practices and patients in the future.

Five of the participating pilot practices attended the feedback session. The main suggestions were;

- What didn't work well:
  - Patients misreading the letter or not understanding the content.
  - Patients registering for patient access not being able to order an acute item unless they are also ordering a repeat.
  
- What worked well:
  - Having a lead GP working on the project so to exclude vulnerable patients.
  - Working closely with the local pharmacy to identify patients who have blister packs or who are deemed as vulnerable.
  - Read coding the patients involved in the pilot.
  - Promotion of EPS by pharmacies and surgeries with the aim to increase EPS prescriptions, particularly for the identified vulnerable patients.
  - MLCSU MMOT training practice staff.
  
- What would you do differently:
  - Amend the method of communication to patients about the change.
  - Improved 'EMIS Access' online training, for example, show all practice staff the steps to register a patient so that they can answer queries more easily.
  - Practices to arrange a drop-in session for patients to register for EMIS patient access.

- Check patient contact details are up to date on the GP system e.g. correct email address and mobile number to support the move to patient access.
- Provide a template for the local pharmacy for communicating the reason a patient may be vulnerable to the practice.

In January 2017, practice staff from the pilot locations were invited to take part in an online survey to share their views on the pilot. At least one staff member from each practice took part in the survey. A variety of staff participated including GPs, practice managers, practice nurses and admin/secretarial staff.

- Overall two thirds of those who participated in the online survey rated the success of the pilot as either 'very good' or 'good'.
- Practices commented that the positives from the pilot included having support from the MLCSU MMOT and increasing EMIS Patient Access sign up. Increased patient EMIS access was an unexpected benefit.
- Negative feedback about the pilot included confusion with the patient letter and speed of implementation.
- Two thirds of practices stated that they would also encourage other practices to adopt the scheme.

In January 2017 MLCSU MMOT gave an update presentation of the pilot at the Wirral Practice Managers Forum.

In February 2017 MLCSU MMOT gave an update presentation of the pilot at the Wirral GP Members Forum.

## **Community Pharmacy Engagement and Involvement**

Community pharmacies contacted the CCG or MLCSU MMOT with any queries or concerns that they had during the pilot. MLCSU MMOT regularly liaised with the Wirral LPC representative to ensure that the committee was kept involved and up-to-date with information, including any issues or concerns raised from pharmacies.

Jonathan Horgan, Head of MLCSU Medicines Management and Paula Wilson, Head of Medicines Optimisation (regional lead) for Cheshire attended the Local Pharmaceutical Committee meeting in October 2016 to inform the committee about the upcoming project followed by a presentation by Paula Wilson in July 2017 to update the members on the results of the pilot and address any issues raised.

## Public Engagement

### Stakeholder Population Survey feedback and analysis

In February 2017 the MLCSU MMOT developed a stakeholder survey inviting patients and carers to share their views and experiences of the pilot.

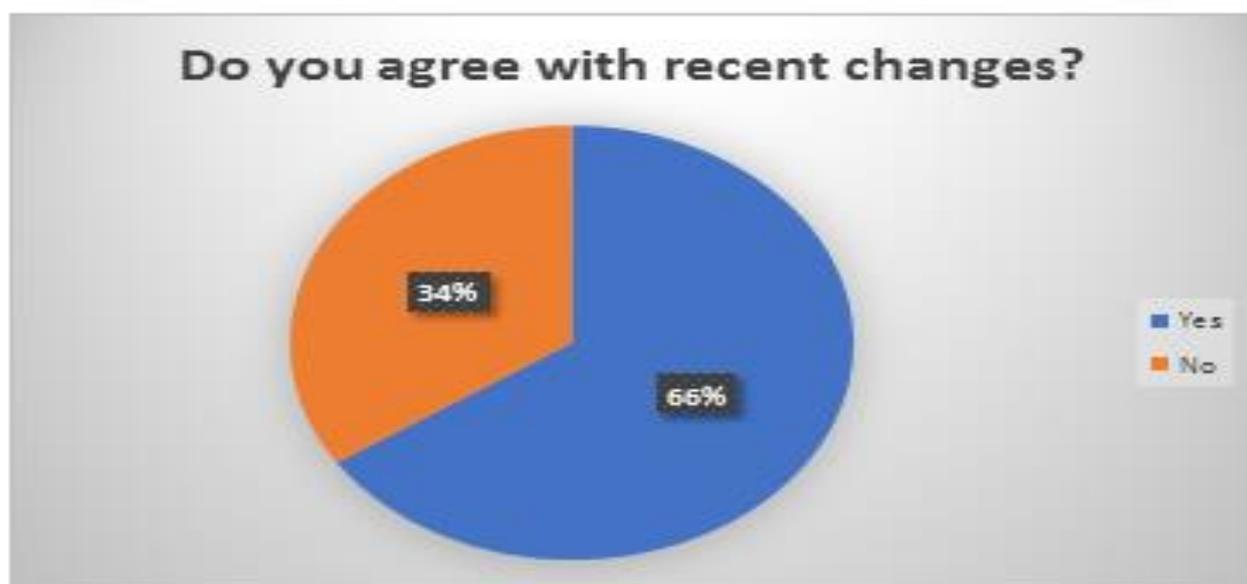
100 copies of a paper based questionnaire were distributed to community pharmacies and GP practices involved in the pilot, for completion by as many patients and carers as possible over a seven day period. A total of 79 questionnaires were completed across the four Wirral constituencies (Birkenhead, Wirral South, Wirral West and Wallasey). A summary and breakdown of the views received is available upon request.

The aim of this survey was to gain an understanding of population values, extent of patient engagement with the project, a review of patient expectations and an evaluation of the communications shared to promote this project.

### Summary of Results

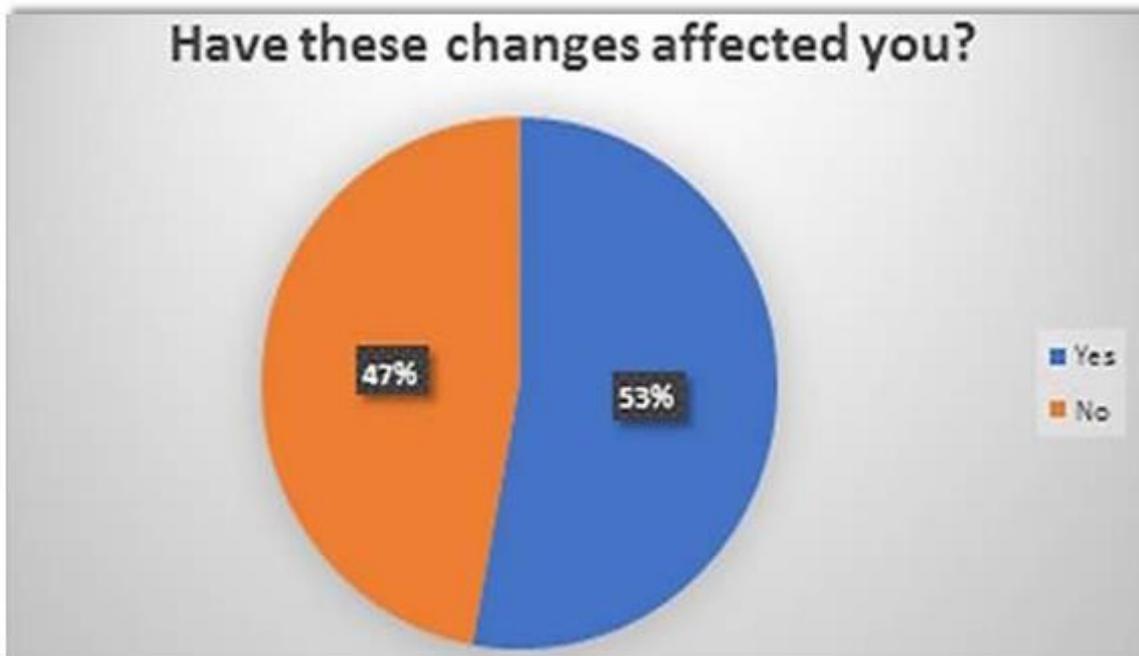
#### Graphs Showing the Survey Results

The survey asked respondents – do you agree with recent changes? Yes/No



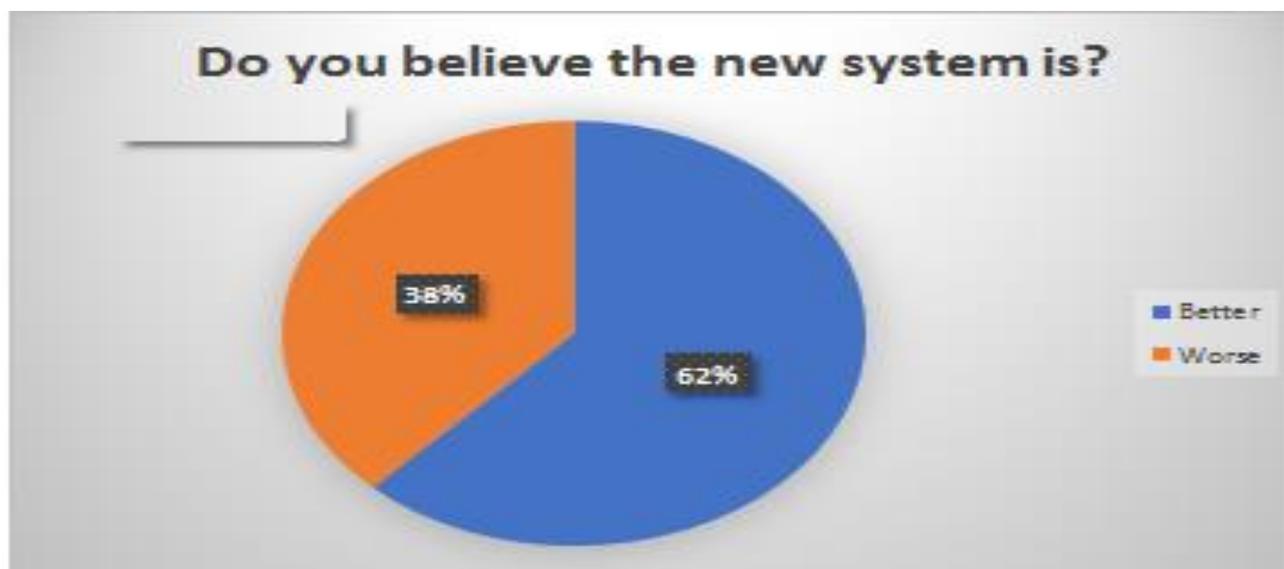
- 66% of respondents said that they agreed with the changes.

The survey asked respondents – have these changes affected you? Yes/No



- 53% said that they were affected by the changes in some way.

The survey asked respondents – do you believe the new system is? Better/Worse



- 62% believe the new system is better than it was before.



### **In addition:-**

- 53% said that the changes in the pilot were communicated effectively.
- 87% of respondents said that they were aware of the changes to the repeat prescription ordering system.
- 29% of respondents have experienced problems with obtaining medication since the changes. Examples include:
  - Housebound patients with no relative.
  - Having to go to the practice in person.
  - Patients not understanding the new system due to letters not being clear.
  - Medication quantities not being aligned.
  - Not knowing what medication had been ordered and elderly patients not being able to get to the practice or use a computer to order online.
- 97% of respondents believe that the NHS should try to reduce the amount of waste generated relating to medicines.
- 86% think that patients should take more responsibility for managing the ordering of their medication.
- 83% think that by making these changes that waste will be reduced.
- 58% believe the suggested changes to the repeat ordering system will have a positive impact on patient care.

In addition, GPs and pharmacists need to check patients are taking the medication prescribed. GPs need to carry out medication reviews and stop any unnecessary medication. Practices need to align patients repeat medication quantities to avoid multiple prescription requests.

## **Outcomes**

### **Dispensed items and costs**

Initial results are showing positive outcomes with regard to number of repeat medicines dispensed and their cost. These can be seen in Appendix 1.

There are a number of issues and caveats to be taken into account when analysing the data:

- One practice with similar patient demography (control practice) showed a reduction in items similar to those made by pilot practices.
- One pilot practice with exceptionally low prescribing before the pilot experienced an increase in repeat items dispensed, despite their participation in the pilot.
- Other projects currently being undertaken by the MLCSU MMOT as part of QIPP and the Integrated Care Project will also affect prescribing activity.
- Some practices have new management/ownership that has significantly altered the practice prescribing policy.
- Increases/decrease in number of GP consultations available – (may not be due to the pilot – other reasons include GP annual leave, absence, retirement, locums etc.)

- Non-pilot sites may have been influenced by the project and encouraged patients to take more ownership of their repeat prescriptions.

To estimate the cost savings, relating to the introduction of the pilot, we looked at the average number of repeat items being dispensed in each month prior to the implementation of the pilot (April to October 16/17) and compared it to the average number of repeat items post-implementation (November to March 16/17). This variance was then multiplied by the 'average cost per item' for each of the pilot practices prior to the pilot (data source: ePACT.net, NHS Business Services Authority).

This method produced **estimated cost savings of £20,824 per month** for the 8 practices involved in the pilot.

- Based on the results of this pilot, roll out to all 52 Wirral GP practices would be potentially expected to achieve an estimated £1.2m cost improvement per annum to primary care prescribing spend.

### Impact on GP Practices

To establish an accurate evaluation of the impact on practices, practice managers, prescription staff and GPs involved in the pilot were asked to feedback what impact the change in system had on them through a variety of routes including face to face, meetings and via an anonymised online survey.

Initially, the change in process increased the workload for practice staff, as they had to deal with patient queries and complaints once they were made aware of the change. In addition, the majority of practices said that the time to prepare for the change in process and the speed of implementation was too fast.

However after implementation there was greater positive feedback;

- Overall reduction in workload.
- Practices having confidence in the medication requests they receive.
- Patients starting to take responsibility for their medication.
- Support provided to practices by the Wirral MLCSU MMOT.
- Positive comments from GPs dealing with fewer medication related queries.

It is important that GP practices have a robust system in place to manage repeat prescription ordering for vulnerable patient groups, with dedicated receptionists taking responsibility for ongoing management.

### Patient Quality Improvements

In order to monitor the pilot, the MLCSU MMOT ran practice level searches to identify



patients not ordering their repeat medication, where the medication would be deemed essential such as cardiac drugs and anti-psychotics. Any potential concordance issues were highlighted to the appropriate GP.

### **Patient Access**

EMIS Patient Access allows patients to order their repeat medication online. Please visit <https://patient.emisaccess.co.uk> for more information.

The change in process will inevitably increase uptake and usage of online systems. Subsequently supporting practices on a longer-term basis through increased digital access of booking responsibility for ongoing management.

### **Lessons Learnt During the Pilot**

There have been a number of lessons learnt from the pilot that will inform processes and support for other practices wishing to adopt the patient led repeat prescription ordering process.

- Consult with the practice Patient Participation Group (PPG) before the change in process is communicated to patients.
- Ensure patients understand that it's just the way they order which changes. The way their pharmacy will collect and deliver prescriptions remains the same.
- Patient letters are best sent on a Monday or Tuesday to ensure they are not received at the weekend.
- The availability of one Lead GP for a practice who is able to review the vulnerable patients list
- Local Community Pharmacy involvement from the beginning and regular communications with the LPC.
- Identifying patients with blister packs to enable exclusion.
- The practice should inform pharmacies of their vulnerable patients as soon as possible to allow pharmacies to sign vulnerable patients up to EPS (Electronic Prescription Service).
- All practice staff need to have been shown how to use EMIS Patient Access to enable them to support patients with any queries and promote its use.
- Reassure patients that their medicines will be available even if they are not ordered every month.
- Work with EMIS Web to add reminders to system to encourage patients to only order what they need.

In line with good practice, GPs and pharmacists need to check patients are taking the medication prescribed. GPs need to carry out regular medication reviews and stop any unnecessary medication. Practices need to align patients repeat medication quantities to avoid multiple prescription requests.



## **Testimonials**

A number of GP practice staff at the participating pilot practices provided the following testimonials;

*'I am very pleased with how the project has gone; it is anecdotally reducing our workload and costs. I am keen to see the actual cost savings but believe that the project has been worthwhile, I am glad that we volunteered as a pilot site and would strongly recommend that the project is rolled out Wirral-wide'*

**Dr D Thomas, GP**

*'The Repeat Prescribing Project caused some extra work initially with setting a number of new patients up with online access (we have always given this and access to appointments online without requiring ID as it is in the patient's interest. We only need a form completed and 2 forms of ID for full access to their records online). Some patients also expressed concern thinking that ordering directly meant that their prescription would not go EPS to the pharmacy. However once the initial flurry of enquiries was over and patients were reassured the system has settled and become part of our daily routine'*

**Peta Murphy, Practice Manager**

*'Proven to be a much better system than before. We have not had many problems. Once patients had an explanation they were fine. Fax requests and pharmacy queries have decreased significantly. All in all really good at ensuring that patients take control of their medicines'*

**Prescription Clerk**

*'Having the support from the Medicines Management team during project implementation meant that staff and patients were able to have their queries answered quickly and the practice as a whole was better able to manage the increased activity during this time. The project was also supported by templates and sharing of good practice, facilitated by the team, which also meant the changes were easier to implement than anticipated. Benefits are already being realised for the practice after just one month'*

**Karen Livesey, Practice Manager**

*"We have not been allowing pharmacies to order for our patients for approximately 10 years, best thing we ever did! You get to know which patients are not taking their medicines when they should be, which ones are pulling a fast one to get medication early, and, with the demand for referrals and prescriptions increasing, it is one of the easiest ways to reduce costs. In the short term, you will see an increase in queries and grumbles, however, in the long term it will be worth it. This is something we should be addressing anyway, especially with CQC reviews and QOF tightening controls. My advice would be to do it now, whilst you have support from the CCG readily available"*

**Carolyn Brennan, Practice Manager**

*'I would like to confirm that I am perfectly happy with the changes to the prescription service. I have a number of long term health conditions, which mean I take a lot of medication. While the service provided by my pharmacy was good, I did find they over-ordered on the medication I required, such as repeat ordering monthly where I only need it ordering two monthly. I also ended up with an overstock of insulin which I refused to accept. If I remain on the same level of medication this can of course be rectified but doses change and then things become confusing and waste occurs'*

**Mrs DS, Bebington – Patient**



## Conclusions

The overall results from the pilot are very positive. Item growth within the 8 participating practices was reduced, with an average for the participating practices of -1.2% in 16/17 (when compared to 15/16) against the overall CCG items growth for 16/17 of 1.6% - a variance of -2.8%.

- The practices involved in the pilot have found the scheme effective in **reducing dispensed items** and in improving quality and safety issues relating to their patients medicines.
- There was a significant reduction in dispensed items amongst those practices involved in the pilot, correlating to a **reduction in spend**.
- Prescribing data analysis shows that the **estimated actual cost savings** made as result of the pilot were **£104,122**.
- The majority of **pilot practices would encourage other practices to implement the new process**.
- Whilst there is broad support for the pilot amongst Wirral residents, people generally feel strongly that it **should not disadvantage vulnerable patients and carers** and there could be improvements in its implementation.
- Whilst we need to do more to understand the experience of GP practices involved in the pilot through formal feedback mechanisms, many have already reported a **reduction in overall workload for both GPs and reception staff**. One practice said that they had gained an extra half a day a week of receptionist time following implementation of the new process.
- Pharmacies have reported a **reduction in administration time within the pharmacy** leading to more time to provide Medicines Use Reviews or New Medicines Service reviews for patients.

## NEXT STEPS

- Liaise with EMIS to;
  - Set up messages for patients on EMIS Patient Access to highlight medications they no longer take.
  - Improve communication on EMIS Patient Access allowing patients to send messages to practices to ask if items can be removed when no longer required.
- Continue CCG communications, highlighting issue of waste in practices.
- Continue the ongoing engagement, involvement and learning amongst all stakeholder groups.
- Monitor and review the effectiveness of the change in process.

## Appendix 1: Prescribing Analysis of Pilot Practices performance against baseline period



### Repeat Prescribing Pilot: Summary of Performance - November to March vs Baseline (April to October) 2016/17

	ESTIMATED*					
Practice Name	Avg Items (Apr-Oct 1617) Baseline	Avg Items (Nov-Mar 1617) Post-Initiation	Items Reduction (Per Month)	% Reduction (Per Month)	Avg Cost per Item (ePACT)	Cost Reduction (Per Month)
Practice A	13,206	12,514	-692	-5.2%	£9.08	-£6,283
Practice B	11,691	11,538	-153	-1.3%	£8.85	-£1,354
Practice C	9,419	9,225	-194	-2.1%	£7.88	-£1,529
Practice D	12,536	12,589	53	0.4%	£7.26	£385
Practice E	8,713	8,748	35	0.4%	£8.14	£285
Practice F	24,891	24,128	-763	-3.1%	£7.98	-£6,089
Practice G	6,574	6,383	-191	-2.9%	£8.25	-£1,576
Practice H	9,957	9,416	-541	-5.4%	£8.62	-£4,663
<b>All participating practices</b>	<b>96,987</b>	<b>94,541</b>	<b>-2,446</b>	<b>-2.5%</b>	<b>£8.24</b>	<b>-£20,824</b>
<b>Reduction over 5 months of the pilot</b>			<b>-12,230</b>			<b>-£104,122</b>

#### Evaluation Summary

1. All Practices showed significant reductions in some months
2. Practices D & E's average items post-initiation were impacted by one or two months of higher than average prescribing which shows them to have a slight increase in average items post initiation
3. Estimated cost reduction is based on the average number of items variation post initiation multiplied by each practices average cost per item

Data Sources: EMIS clinical system, ePACT.net

