



Southport and Formby
Clinical Commissioning Group

Big Chat 7

Annual review

NHS Southport and Formby CCG
Christ Church, Southport, 27 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 present information about our financial performance and our outcomes differently, through visual displays dotted around the venue for people to see. 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 was 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 Rob Caudwell opened the event and welcomed attendees to our 'Big Chat 7 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 Big Chat 6 was played to show feedback from the previous event and an electronic voting system was used to capture people's views at different points during the session.

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 questions, 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’, which 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 Big Chat 6 we reminded people of the health challenges faced by Southport and Formby residents. During Big Chat 7, we reminded people about what these are. 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 having to pay 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 future 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 – considering 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

Key themes	Number of comments		
	Positive	Neutral	Negative
Review of the pilot	15	8	2
Reduced medicines waste and financial benefits	8	5	1
Improvements in patient safety	6	2	0
Supporting vulnerable patients	0	6	0
Communications and patient education	3	7	0
Improved systems and efficiencies	10	4	3
Role of GPs and pharmacists	2	1	4
Total	44	33	10

Review of the pilot

As evidenced by the result of a voting question which asked people whether they supported the pilot, there was over whelming support with 79% of people voting in favour, 2% against and 17% 'unsure'. This was further supported by the number of positive comments and views shared during the event.

Overall people at the event considered it a very good scheme which 'put patients back in control of their medication', reduced medicines waste, improved patient safety and made some significant savings which could be used to fund other local health services.

There was also support for rolling out the pilot to other GP practices, so long as GP practices have systems in place to ensure that the new way of ordering works for patients.

There were some questions about how the pilot would be reviewed and a suggestion that feedback on the outcomes of the pilot be shared at a Big Chat style event.

Reduced medicines waste and financial benefits

There was overwhelming support for reducing medicines waste and introducing a new ordering system that was more efficient.

A number of local residents said they had no experience of the pilot and although they found the systems they used fine, they could see the sense in introducing this new way of ordering if it reduced waste and saved money.

Some patients said they continued to receive medicines that they no longer required and, in some cases, were prescribed medicines that were cheaper to buy over the counter. It was agreed that this had to stop and that to help with this, patients needed to be educated about medicine waste issues and take more responsibility for managing their medication.

Improvements in patient safety

The improvements in patient safety were seen as another key benefit of the pilot and an important reason for rolling this out to other practices.

Supporting vulnerable patients

The main area of concern expressed by residents and stakeholders was the impact of the new re ordering system on vulnerable patients who may not have family and carers to help, and/or who may not have the ability to use the new system, and who might be worried by the changes.

The CCG's medicines management team reassured people that GP practices would identify these patients and make contact with each individual to discuss how best to support them, and if needed, these patients would continue to have their medicines ordered for them.

It was suggested that these patients have a named contact in their GP practice that can support them through the change and ensure that the best system for reviewing and ordering their medication is agreed and put in place.

Communications and patient education

There were several discussions about the need to raise public awareness of medicine waste issues and to help patients understand that prescription medicines aren't always needed for some conditions.

There were also several positive comments about how the new pilot provides an opportunity for patients to learn more their medicines and also encourages them to take more responsibility for managing these.

Improved systems and efficiencies

There were several positive discussions about the new ordering system which was considered to be more efficient, safer and transparent as patients only receive the medication they need. Patients shared examples of continuing to receive medication they stopped taking years ago and of having accumulated a stock pile of these in their homes.

There was particular support for the online ordering system which was very popular and considered easy to use, although there was one negative comment about these systems not always working and being confusing to use.

Some negative comments were received about GP internal systems and processes and examples shared of practices losing prescriptions and staff not always reading the repeat order forms properly. It was acknowledged that for the pilot to work, these issues would need to be tackled so that all GP practices were working to the same high standard and that systems were also in place to support the vulnerable patients discussed above.

Role of GP, pharmacists and medication reviews

Medication reviews were considered important in safely managing patients' medication, and whilst there was support for GPs being responsible for these, there were some discussions about whether community pharmacists could play a role, as this could free-up GP time and also save money.

It was also suggested that medication reviews could be included as a part of a patient's health check.

There were also some discussions about GPs and pharmacists not always being mindful of medicine waste issues and so over prescribing, and that measures should be brought in to tackle this.



Care at the Chemist

There was overwhelming support for reviewing the Care at the Chemist scheme with 100% of people in favour of this.

The table of key themes below shows that people are largely in favour of the scheme, but support a review mainly to find out how the scheme can be managed more efficiently and be promoted more widely.

Key themes	Number of comments		
	Positive	Neutral	Negative
Review of the scheme	4	1	0
Easy to access	6	0	1
Costs and efficiencies	3	5	5
Support for vulnerable groups	2	2	0
Role of the pharmacist	1	2	1
Information about the scheme and benefits	0	0	5
Total	16	10	12

Below is a narrative on these key themes which provides detail of the group discussions and the views shared.

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 it to be misused.

Easy to access

There were discussions about the advantages of the scheme being so widely available and the potential negative impact of reducing this. For example, if people have to travel further to a chemist, they may delay seeking advice and treatment and so their health condition might worsen.

Also, if there was to be a reduction in the number of chemists offering the scheme, there would need to be some careful planning to ensure that all areas of Sefton are covered and that no particular groups of residents were disadvantaged, particularly where public transport might be an issue.

Support for vulnerable groups

There was support for the scheme to continue to provide low income families, those with young children and other vulnerable groups with the advice and free medicines they need to stay healthy. This included ensuring that no groups of people are unfairly disadvantaged.

Costs and efficiencies

Most groups talked about how the scheme could be more cost effective. Comments were made about the savings to be made if patients had a pharmacy consultation instead of visiting their GP, however, it was agreed that a piece of work needed to be carried out to calculate how much the actual savings were.

There were also several discussions about the role of chemists and how the NHS manages the Care at the Chemist contracts. People understood that many medications were cheaper to buy over the counter than by prescription, but there was some concern that pharmacists did not always let patients know when this was the case as they could earn more money from prescribing these medicines. It was agreed that this should not be possible and that checks and measures should be put in place to prevent this.

Other cost saving ideas included limiting the list of medicines available and imposing a minimum charge when a patient uses the service.

Role of the pharmacist

Several people mentioned they value the advice of their pharmacist and often ask for this although not always as part of the Care at the Chemist scheme.

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.



Gluten free foods

There was overwhelming support for reviewing the prescribing of gluten free foods with 95% of people in favour, 5% against and 0% 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	1	1	1
Availability and costs of gluten free foods	5	2	1
Impact on patients on low income	1	0	2
Financial considerations	2	1	2
Dietary advice and education	0	2	0
Talk to coeliac patients	0	1	0
Total	9	7	6

Treating patients fairly

There were some discussions about 'fairness' and whether coeliac patients should buy their own foods like other patients with dietary related conditions, such as diabetics.

This also generated some general discussions about what medicines should no longer be available on prescription, especially items that are often cheaper to buy over the counter, such as aspirin.

Availability and costs of gluten free foods

As part of the group discussions, information on the current availability of gluten free foods was discussed. As these foods are now readily available, the overall opinion was that there was no longer the need to provide these foods on prescription as coeliac patients can easily buy these products at local supermarkets.

There were some discussions about vulnerable patients and one group agreed that there was a case for continuing to prescribe gluten free foods to affected children.

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 and that patients' ability to pay should be means tested. With no safeguards in place, stopping the prescribing of these foods could put the health of these patients at risk.

Financial considerations

Given the costs to the NHS, there was support to review the prescribing of these foods. Some people were shocked by the costs involved and it was suggested that this information be shared with patients so they have a proper understanding of the financial impact.

One group discussed the role of chemists who may be pressurised by pharmaceutical companies to prescribe certain items that are more expensive than others with the additional costs being passed on to the NHS. It was agreed that there should be a drive to reduce the costs of prescribed gluten free products and related prescribing and dispensing costs.

There were also some concerns that stopping the prescribing of these foods could cause a lot of upset for patients and their families, and that the reputational damage to the NHS could outweigh the benefit of the cost savings.

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.

Information and education

There were some discussions about the increasing interest in dietary related conditions and the confusion around gluten intolerance and coeliac disease. To tackle some of the misunderstandings and the difference between these conditions, it was generally agreed that more information and education should be made available.



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

There was overall support for the CCG's approach to reviewing local health services with 86.5% definitely or partly in support, 11% unsure and 2.5% not really in support.

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:

Becoming more efficient

To save money and become more efficient, there was agreement that the NHS need to be more business like in how it plans and manages services. It was suggested that it should become more performance driven and look at those services and models of care that are most efficient and offer the best value for money.

In addition, it was suggested that service developments should focus on the longer term benefits and outcomes for patients, particularly those services that are used more often by local people.

It was agreed that the ongoing review of services should identify where hospital services could be more efficiently delivered in a community setting and when it might be more efficient to deliver services on a bigger scale, for example, where development of larger GP practices might offer patients access to more GP appointments.

As part of this general approach to improving efficiency, the role of technology was also seen as critical.

Patient and public involvement

Some people felt that patients and the public should have a more active role in the review of services and how these are developed, and that their experiences and opinions should be considered as part of an overall service review.

Stop funding some services

There were several discussions about stopping the funding of some services either because the patient benefit was limited or that it wasn't something that the NHS should be funding given its financial challenges. The treatments and services that were specifically mentioned included varicose vein surgery, IVF and patient transport.

Health education

There were several discussions and comments about the importance of health prevention as way of reducing costs in the longer term. By encouraging people to be more proactive about their health, it was felt that people would adopt a more healthy lifestyle and so have fewer health issues later in life.

However, it was acknowledged that with the cuts to community, voluntary faith sector organisations, there were fewer health and fitness networks and groups available for people to get involved in.

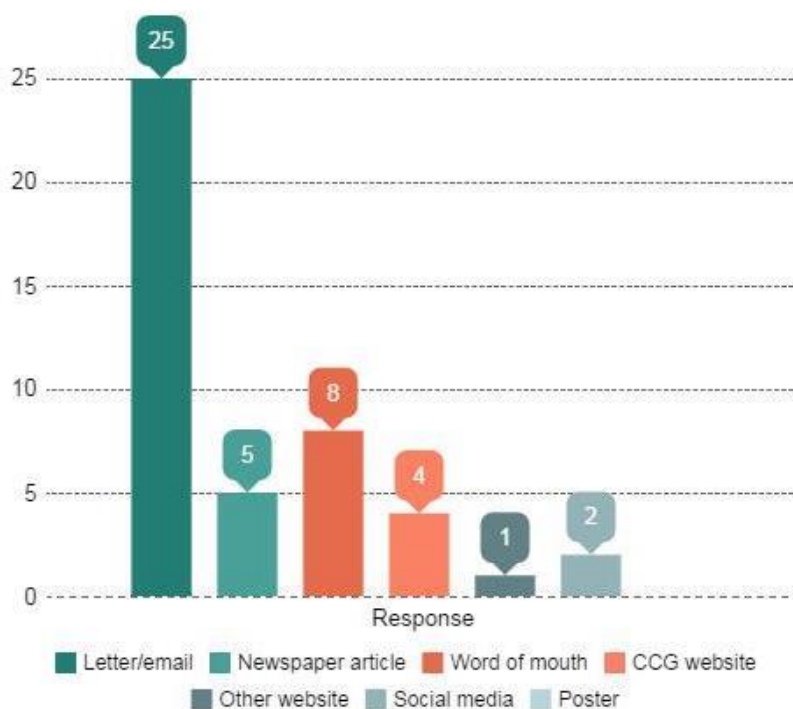
Other types of cost saving health education was also discussed, for example, it was agreed that to reduce the number of inappropriate visits to A&E, it was important to inform and educate people about the various local health services and when to use these.



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.

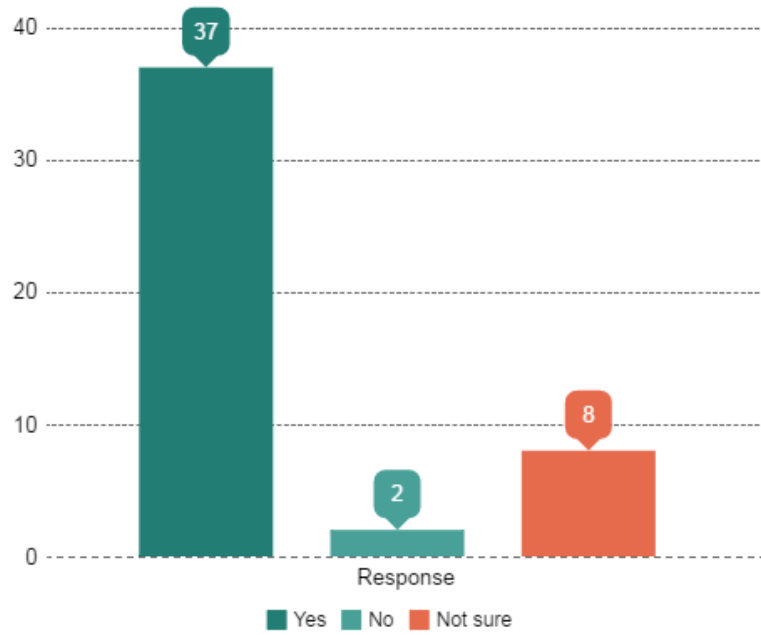
How did you hear about the Big Chat?



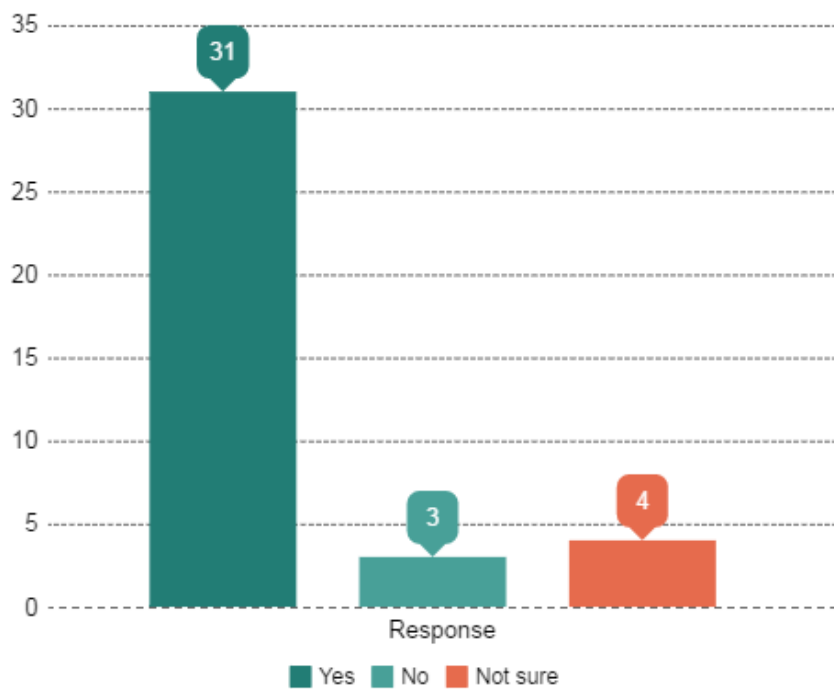
What do you think are the biggest challenges for your local NHS?



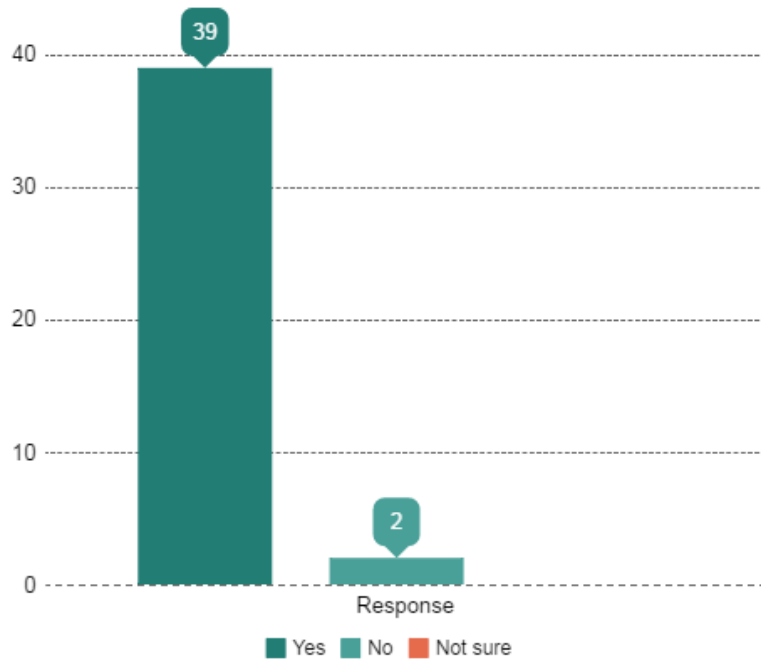
Following today's presentations and discussions, do you support the medicine re-ordering pilot?



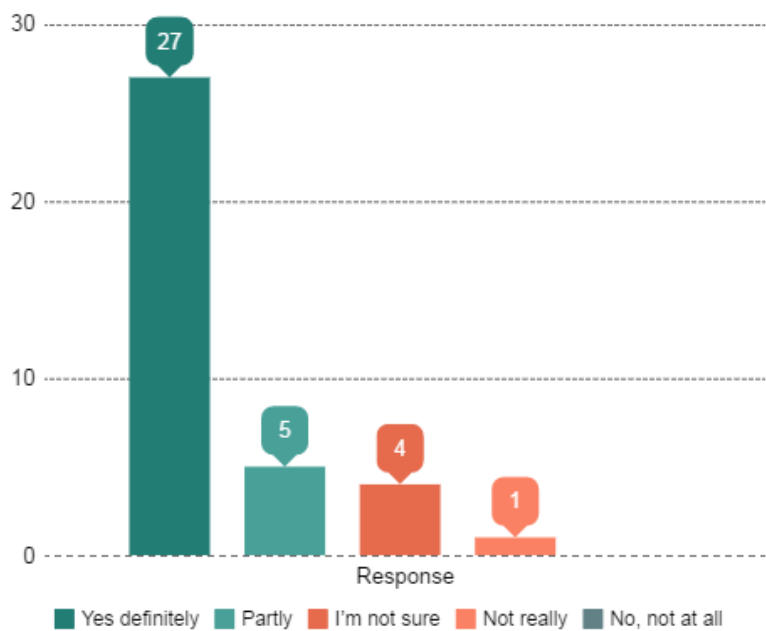
Following what you have heard and discussed today, would you support a review of Care at the Chemist?



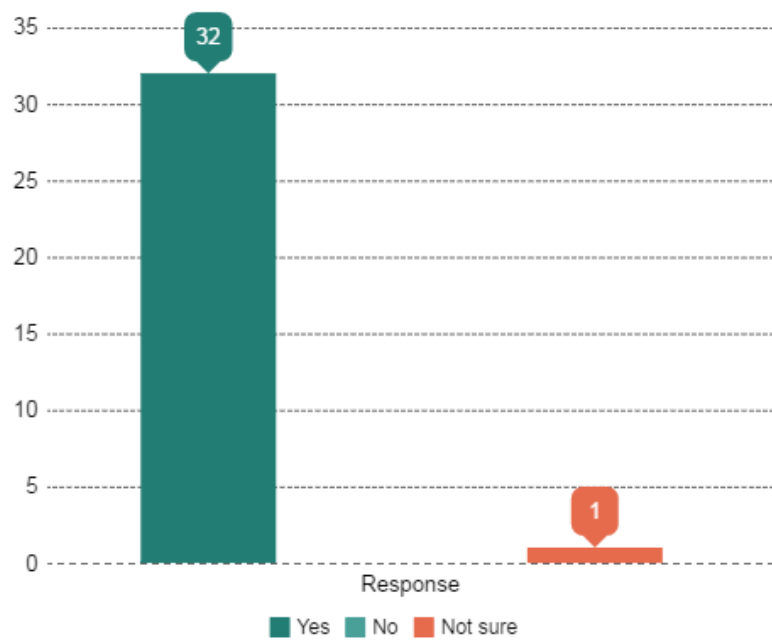
Following what you have heard and discussed today, would you support a review of the gluten free prescription service?



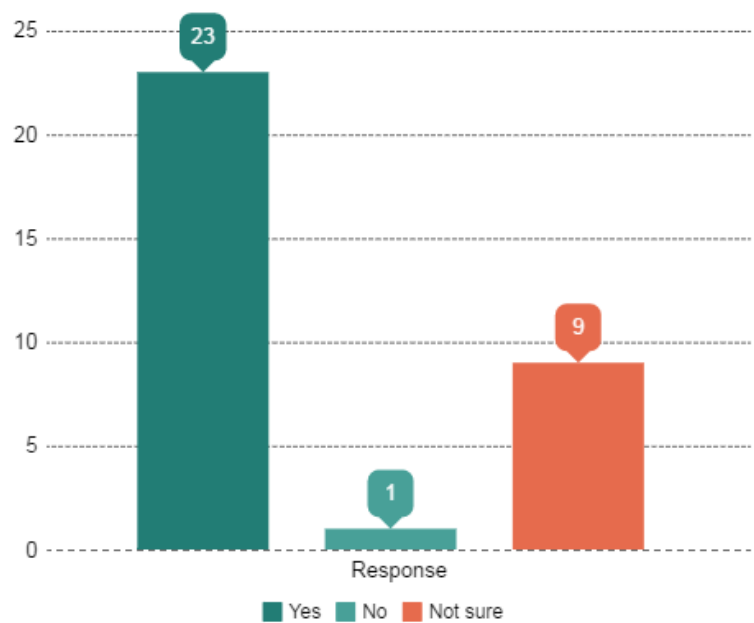
So that the CCG can continue to maintain essential services and balance its books, do you support the CCG's approach to reviewing local health services?



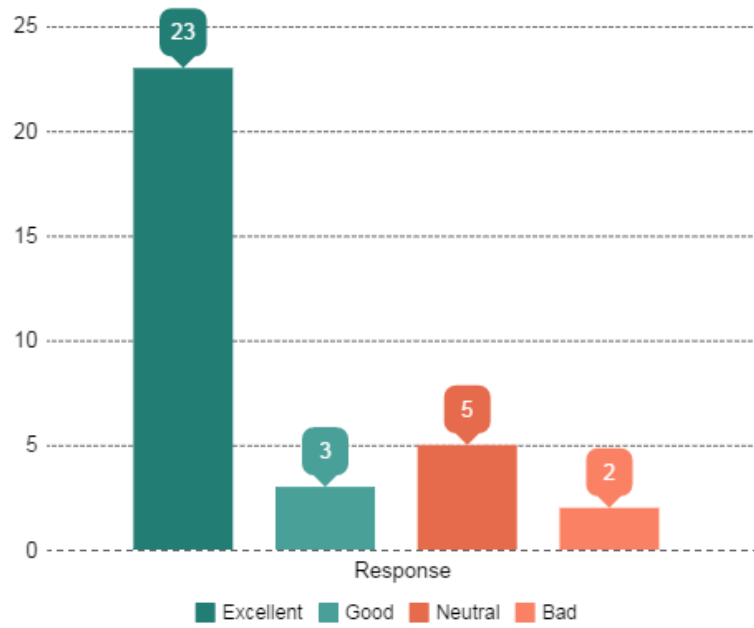
During the session today did you feel that you had the opportunity to have your views heard?



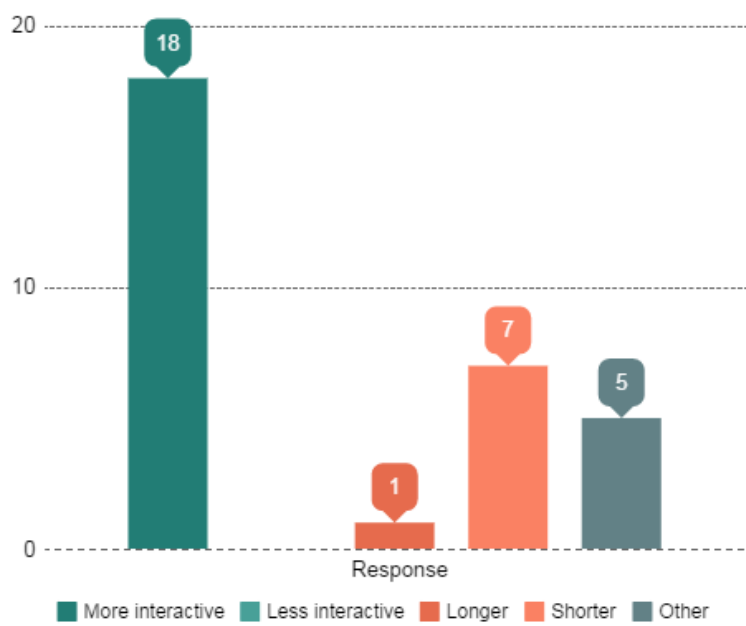
Do you feel confident that your input today will be used to shape your NHS and make it more cost effective?



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.southportandformbyccg.nhs.uk

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







www.southportandformbyccg.nhs.uk

On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.