



**Southport and Formby**  
Clinical Commissioning Group

# Big Chat 8

**NHS Southport and Formby CCG**  
**Holy Trinity Church, Formby, 20 June 2017**

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# About Big Chat 8

Big Chat 8 brought people together to hear how we have used their views from previous events to shape some of our most important schemes and services.

Like many other areas of the country, NHS Southport and Formby Clinical Commissioning Group (CCG) is facing challenges and looking at ways to deal with them to make sure the quality of local health services is maintained.

Big Chat 8 gave us the chance to feedback to people how their ideas, views and experiences have helped us to design schemes and services to address the challenges we face locally. As well as feeding back, the event provided an opportunity for people to give their views and thoughts about our current work and our ideas for the future.

Over 40 guests attended 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 will find presentations, photos and a video of the event on our website.



# What we covered

Our chair, Dr Rob Caudwell opened the event and welcomed attendees to our 'Big Chat 8.'

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.

The agenda ran as follows:

- Shaping Sefton: facing the financial challenges ahead – Fiona Taylor, chief officer
- Community services update: introducing our new community services provider - Lancashire Care NHS Foundation Trust
- Medicines and prescribing: how views from earlier Big Chats have informed some of the changes we have made to medicines and prescribing and the results so far – Dr Rob Caudwell, chair of NHS Southport and Formby CCG
- Primary care: update on Freshfield surgery in Formby - Jan Leonard, chief commissioning and redesign officer
- Commissioning policy review: procedures of lower clinical priority - Jan Leonard, chief commissioning and redesign officer
- Your turn to balance the books: chance for attendees to think about how they would manage our commissioning budget – Martin McDowell, chief finance officer

You can read more detail about each of these topics on pages 5 to 14 and a summary of people's views from table discussions can be found on pages 15 to 26.

# 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.”*



## Facing our future financial challenges

During Big Chat 8, we reminded people about the health challenges faced by Southport and Formby residents. We have a greater number of older residents than other CCG areas and their health needs are growing more and more complex. In addition to this, the local NHS is experiencing greater demand for healthcare, the cost of which is higher and we are 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.

# Community services

Community services includes blood testing, community matrons, district nurses, therapies, leg and foot care.

Lancashire Care NHS Foundation Trust took over the running of our community services on 1 May 2017 following our recent review and re-procurement process.

Attendees were reminded of how the results of our community services public engagement exercise fed into the review and re-procurement process. The exercise included discussions at an earlier Big Chat, a survey for residents to fill in and several events in Sefton.

Big Chat 8 gave people a chance to meet our new provider and to ask the team any questions. Lancashire Care described how the organisation is responding to the views gained during our engagement exercise and our Shaping Sefton vision for community centred health and care.

You can find out more about our community services re-procurement and read a report from the public engagement exercise from our website.



# Medicines and prescribing

Wasted or unused medicines costs the NHS in Sefton around £2 million each year – equalling around 2½ double decker bus loads of pills and preparations. This is just the medicines that are returned to chemists, so the real cost is likely to be much higher.

## Your views from the last Big Chat

During this section of the event, we fed back how we have used views from earlier Big Chats to shape three important prescribing schemes that you will read about in more detail on the following pages.

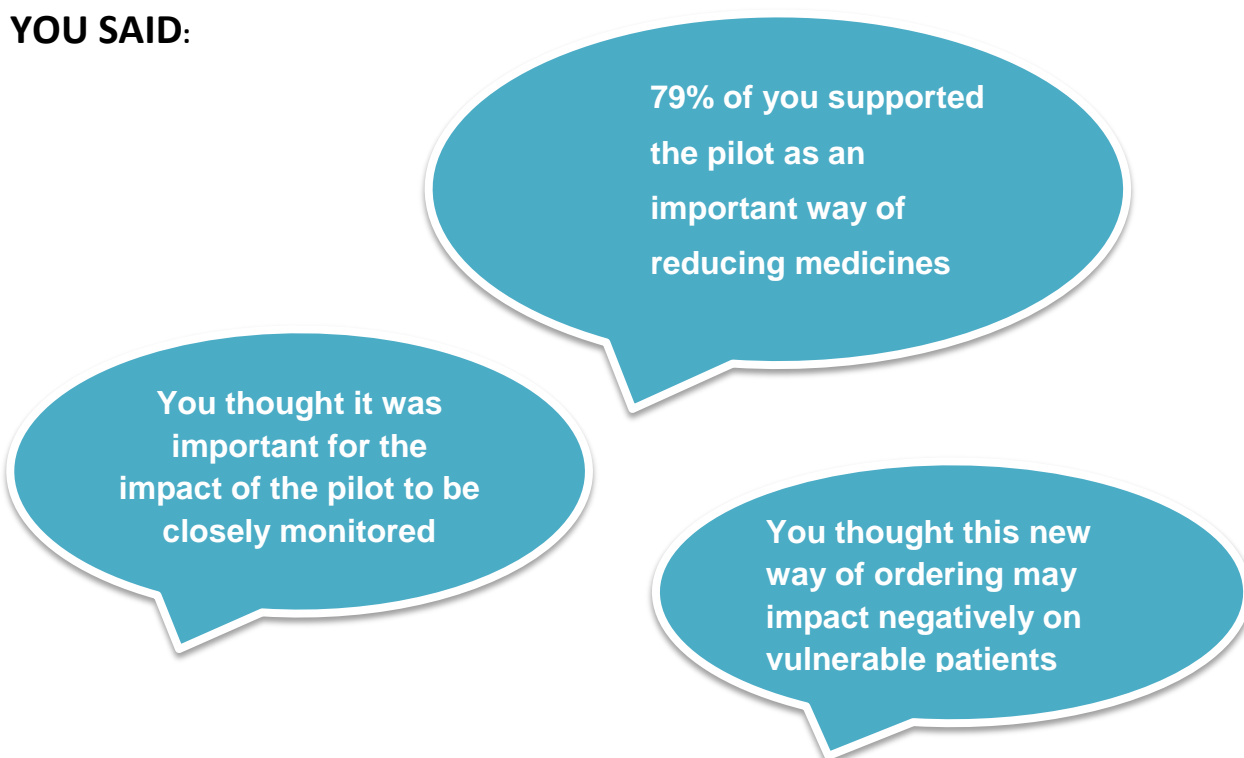
We also spoke with attendees about our work to raise awareness of generic medicines versus branded preparations, asking for people's views to round off the session.



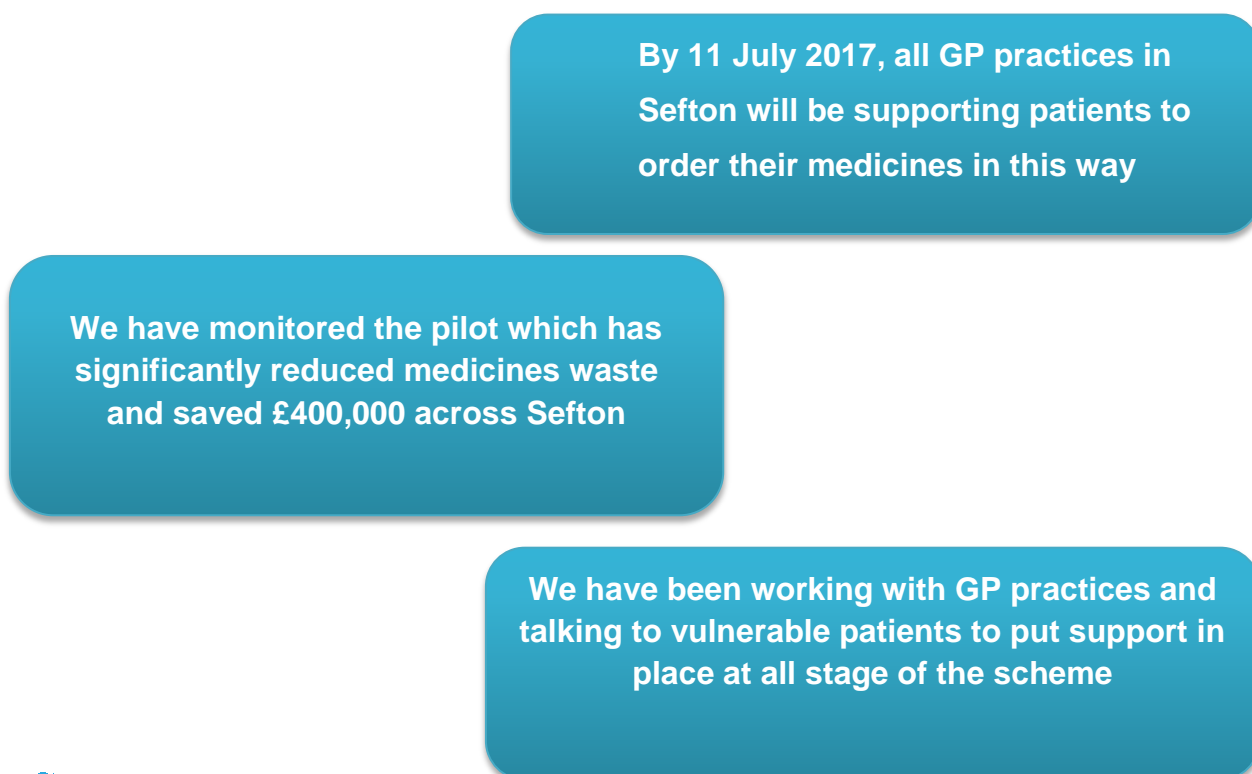
## Repeat prescription ordering scheme

This was launched initially as a pilot in 19 GP practices in early September 2016 and is now operating in all surgeries in Sefton. This means that pharmacies are no longer able to order repeat prescriptions on behalf of patients. As well as cutting the cost of wasted medicines, this system should be much safer for patient.

### YOU SAID:



### WE DID:






## Care at the Chemist

The scheme now operates in fewer pharmacies than before our review but is still available to those that need it the most. Care at the Chemist allows people to get treatment for minor illnesses and ailments at a number of local pharmacies without the need to see their GP.

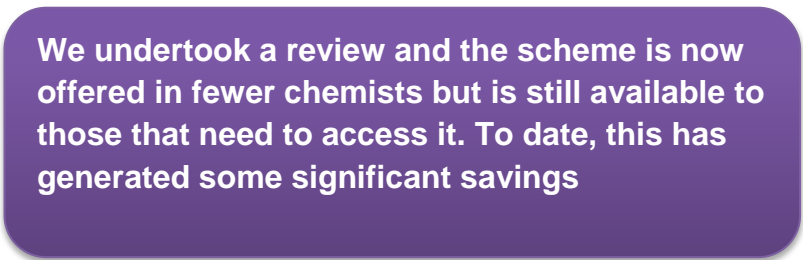
We needed to review the scheme to ensure it was still effective in treating minor illnesses and ailments and in supporting those who needed it most.

### YOU SAID:



Whilst you valued the scheme, 100% of people at the Big Chat agreed it should be reviewed to make it more cost effective and eliminate waste

### WE DID:



We undertook a review and the scheme is now offered in fewer chemists but is still available to those that need to access it. To date, this has generated some significant savings

## Gluten free prescribing

In Southport and Formby there are around 400 people with coeliac disease who are prescribed gluten free foods. This costs £70,000 per year.

Compared to 10 years ago, gluten free foods are readily available and prices have greatly reduced.

We were considering changing the availability of foods on prescription for people with coeliac disease. NHS England has decided to undertake a national review of the prescribing of gluten free foods so we have shared your feedback from our previous Big Chat with them as part of their review. Once the review is complete, we will be guided by the recommendations and inform you of the outcomes.

### YOU SAID

As part of the review, you said we should speak to people with coeliac patients and their families

95% of people were in favour of reviewing the prescribing of gluten free foods

You had some concerns about patients and families in receipt of free prescriptions who might not be able to afford to buy gluten free foods

### WE DID

We have shared your feedback with NHS England which will be included as part of the review. Once the review is complete, we will be guided by the recommendations and inform you of the outcomes.

The consultation was open until 22 June 2017 and we encouraged residents to take part by completing the online survey: [www.gov.uk](http://www.gov.uk)

## Generic medicines

We also spoke to attendees about generic medicines and shared a new leaflet which we have produced to raise awareness that generic medicines offer the same quality and performance as branded medicines.

If we move to prescribing more generic medicines, we will save £270,000 across Sefton which can be used to fund other health services.

So, we are reminding GPs about prescribing generic medicines rather than their branded equivalents whenever possible. Those patients affected by this will receive a letter with more information and a copy of our new leaflet, which will also be available in GP practices.

There were table discussions following this session asking people what they think about the more widespread use of generic medication in preference to branded versions. The main themes from these discussions are documented on page 15.



## Primary care

Jan Leonard, chief redesign and commissioning officer, updated attendees on Freshfield Surgery and the NHS England (NHSE) led work on the future delivery of services.

This included a six week 'listening exercise' for registered patients to share their views about the future delivery of services feeding into the NHSE review.

The feedback was small with less than 6% of patients responding.

Key themes that came out of this was that people valued service, they wanted it to be locally delivered and they had concerns over parking.

Based on this feedback and the wider review including independent assessments of transport and the practice premises, NHS England have decided that the procurement of the surgery will go to the market to find a new provider and the process will begin later in 2017.



# Commissioning policy review

We are inviting people's views on over 100 policies for routine health treatments and procedures that we are reviewing and updating to reflect the latest medical evidence about what works and what does not.

Joining together with six other CCGs around the region - Halton, Knowsley, Liverpool, South Sefton, St Helens and Warrington – we are carrying out the 12 month phased review, which aims:

- To ensure that the latest medical guidance and techniques are being used and so the best treatment is being provided to each patient
- To ensure that NHS resources are being used in the best possible way for all patients
- To provide more equal access to healthcare and treatments, where possible

This ensures we spend our valuable NHS resources as wisely and effectively as possible.

We are reviewing 18 out of 36 policies to bring them in line with the latest medical evidence. These relate to a range of conditions including cosmetic scar and hair removal.

Midlands and Lancashire Commissioning Support Unit are inviting people's views about this first phase of policies on our behalf until 18 September 2018.

For a list of policies open for feedback and to complete a survey please visit our website 'current exercises' page: [www.southportandformbyccg.nhs.uk](http://www.southportandformbyccg.nhs.uk) or call 0800 218 2333.



## Balancing the books

After recapping on the financial challenges the CCG is facing in the year ahead, we invited attendees to think about what else we could be doing to balance the books.

We also shared some ideas of schemes from different CCGs in other areas of the country to see if people thought we should consider introducing them in Southport and Formby.

You can find a summary of thoughts and ideas from the table discussions on page 20.



# What people told us

This section gives an overview of the views, ideas and experiences captured during the two table discussions at Big Chat 8, relating to the more widespread use of generic medicines and balancing the books amidst a financially challenging environment.

## Generic medicines

Attendees were asked to consider whether it was reasonable to ask a patient to try a generic medicine if they were currently taking its branded equivalent. The table below summarises the responses and outlines the key barriers and solutions that were highlighted as part of the discussions.

There was overwhelming agreement that it was reasonable to ask patients to try the generic equivalent of a branded medicine. However, there were discussion about the potential barriers and possible solutions which are expanded upon below:

	Yes	No
<b>Is it reasonable to ask patients to try the generic equivalent of a branded medicine?</b>	12	0

Barriers to switching to generic medicines	Number of comments
Fear of change	9
Safety and quality concerns	10
Communication with patients	5
Prescribing inconsistencies	2

Ways to support the change to generic medicines	Number of comments
Patient focussed information/education	12
Support from health professionals	8
Monitor and review	5

## **Barriers to switching to generic medicines**

### **Fear of change**

Most people agreed that the main barrier for switching to a generic is fear of change and the worry that the generic medication will not work in the same way or have unwanted side effects. In particular, it was felt that this could be heightened by a previous negative experience of a medication change, or the negative experiences of family and friends.

### **Safety and quality concerns**

Some concerns were raised about potential safety of medicines, particularly of those that are manufactured outside of the European Union as they may not meet UK standards. It was noted that there was a legal obligation for any medicines prescribed by a GP or dispensed by a high street chemist to meet with UK medicine standards, regardless of where they were manufactured.

Although it was acknowledged that generic medicines contain the same active ingredients as their branded equivalent, there was a discussion about how they sometimes contain different inactive ingredients which might be a problem for some patients who have particular sensitivities and so experience unwelcome side effects.

It was noted that there may be some medicines where it may not be safe for a patient to change from branded to generic. For example, the generic version of the inhaler Ventilin works differently from its generic equivalent so in these cases, it may be advisable to continue with the branded version.

There were also some discussions about how generic medicines sometimes look very different from their branded type. So, some people felt a change in shape, size, colour or packaging might be confusing for some patients who might as a result stop taking the medication, or confuse it with another type. This could be a particular issue for vulnerable patients or those with dementia.



## **Communication with patients**

It was generally agreed that a critical barrier to the success of any medication change would be effective communication with patients. This was seen as particularly important for those patients that may require more encouragement and support in understanding and accepting the change, such as vulnerable groups, those with learning disabilities and elderly patients who may have been taking the same medication for more than 10 years.

## **Prescribing inconsistencies**

Some people said that they were often prescribed different brands of the same medication by different GPs and the local hospital and they felt the reasons for this were unclear. This was often confusing for patients and could be a potential barrier when introducing generics. There was also a comment that GPs may feel uncomfortable prescribing generic medicines if patients were concerned or upset by the change.

## **Ways to support the change to generic medicines**

### **Patient focussed information/education**

Everyone agreed that the successful introduction of generic medicines relied on providing patients with the relevant information, which should be supported by a general awareness raising poster and leaflet campaign.

Other ideas to support individual patients with the changes included the following:

- Clear information and labelling on the packaging of newly prescribed generic medicines. This could explain the change in simple terms and highlight any specific difference for patients, for example, if the medicine was now in a capsule rather than tablet form
- Colour code medicines eg; red for heart medicines, blue for blood pressure medicines etc
- Provide pictures of the new medicines so that patients know what they look like
- Use blister packs to make it easier for patients to manage the change
- To raise awareness of costs, include the branded versus generic costs of medicines on packaging

## **Support from health professionals**

There were several discussions about the role of health professionals in supporting patients with the change, especially for those vulnerable patients who may struggle to read or understand information leaflets and instructions on medicine packaging.

Also, it was felt that those patients who have been on the same medication for many years and are concerned about the possible side effects of a change, that reassurance and the chance to ask questions is very important. There was also agreement that this type of support did not necessarily need to come from a patient's GP, but that community pharmacists and practice nurses could also advise patients in this way.

To support this approach and ensure that a patient's medication support and advice are co-ordinated, there would need to be an improvement in the communications between various parts of the health sector, particularly between GPs and pharmacists.

## **Monitor and review**

There were several discussions about the importance of monitoring the effectiveness of the change from branded to generic medicines, not only for individual patients but also to ensure that the introduction of particular branded medicines is working for the patient population as a whole. Where generic medicines are not working for patients, it was agreed there should be the option to switch back to branded.

To ensure there is a consistent approach to reviewing medication changes, it was suggested that this be introduced as part of a patient's regular medication review and that medication alerts be put in place to support this.

## Your other prescribing ideas to consider

Attendees were asked if there were any other ideas that the CCG should consider when thinking about how to prescribe more efficiently and effectively.

Some of the suggestions are outlined below:

- Consider developing an electronic prescription system to save on printing costs and GP time, by using electronic signatures etc
- Ensure that medicine reviews are tailored to suit individual needs and circumstance. For example if vulnerable patients are prescribed a six month supply of medication, there should be regular medication reviews during this time to ensure that the medicines are being taken as they should and to ensure they are still effective
- GPs and pharmacists should advise patients when medicines are cheaper to buy over the counter than by prescription
- Offer alternatives to drug therapy such as exercise, health and wellbeing interventions, talking therapies and group support



## Your turn to balance the books

We asked attendees about two ideas that could help the CCG save money being used or considered in other areas of the country - delaying some planned operations when safe to do so, and moving funding from some areas of hospital care to treat patients at home or in the community. Below is a table that summarises the responses to these suggestions.

Ideas to consider	Positive	Neutral	Negative
Should planned operations be delayed if safe to do so?	5	8	5
Should funding be moved from some areas of hospital care to treat patients at home/in the community?	6	5	1
Key themes	Positive	Neutral	Negative
Cost of appointments	0	0	3
Decline in third sector input and community assets	0	3	2
Importance of the local context	0	1	2
Decision making process	0	2	3
Other financial considerations/comments	0	13	3

The following pages summarise key themes that emerged from the discussions about these two ideas.

## Idea 1: delaying planned operations

There was a mixed response to this idea. Several people supported this in principle so long as there were safeguards in place, so patients were assessed on a case by case basis and were actively involved in this process. For example, to determine if the patient was able to manage their condition and pain, their quality of life wasn't severely affected and that there no safety concerns or issues. One person commented that delaying a cataract operation might mean a patient is at a higher risk of falling, which would need to be avoided at all costs.

Some people felt that a decision to operate should be based on a patient's health and wellbeing alone and that financial considerations should never play a part in that assessment.

There were discussions and questions about the benefits of delaying an operation and whether it was just a case of postponing the costs or whether there were other factors to consider. For example, would it be a case of clinicians and patients finding alternative ways of managing a condition so that surgery is avoided, or whether delaying is about managing hospital admissions, particularly over the winter months?

The discussions also highlighted several issues for consideration:

- There were some concerns that delaying might actually cost the NHS more money; particularly if a patient's condition became urgent, if it impacted on other health conditions or if it had a negative effect on their general health and wellbeing, including their mental health
- One group also discussed whether delaying operations and procedures could have legal implications and whether patients could challenge the decision through the courts? If so, this could result in multiple law suits, costing the CCG a fortune in legal fees
- In addition, as Southport and Formby has an ageing population and the demand for hip and knee replacements, cataract surgery and other age-related procedures is likely to be higher than in other areas, delaying these operations could be viewed as 'unfair' or 'discriminatory' and result in legal challenges on this basis

## Idea 2: moving more hospital funding to community based services

To increase the number of health services delivered in the community, there was significant support for moving funding from hospitals to community services, so long as it was safe for the patient and quality was maintained. This includes services such as physiotherapy, x-rays and other diagnostic tests, diabetes care, dermatology for skin conditions and so on.

It was acknowledged that this was already happening and was popular with patients, although there was a view that this was not happening quickly enough for some services and there were questions as to why this was the case.

The benefits of patients being treated in the community rather than in a hospital setting were discussed. These included reduced risk of infection and frailty for older people, closer to home so easier for patients to access, reduction in the number of patients needing to be readmitted to hospital and the advantages for dementia patients being treated in a familiar environment.



There were some concerns that the local health and social care infrastructure was not able to properly support patients in the community, particularly those with long term health conditions and significant support needs. Some of the areas that people said needed to be looked at included the number of district nurses and the quality of the care they delivered, the availability of intermediate care beds and the systems in place to care and support patients following surgery. It was also suggested that to ensure community services work for the local population they should be developed and delivered to support the most common diseases and conditions, for example frailty and dementia.

Several groups discussed the cost effectiveness of the reallocation of funding to community services and there were some views that the current funding models were ineffective and needed to be reviewed. In particular, there were suggestions that local hospitals were acting as a barrier and were resistant to change because their funding models are based on the number of hospital procedures undertaken and not on the outcomes for patients. To address this issue, it was suggested that the current funding models be reviewed and changed so that the main focus is outcomes for patients.



## **Key themes emerging from discussions**

### **Appointments and costs**

There were several suggestions about how appointment systems could be better managed, be more efficient and so save money. For example, by arranging appointments at either GP surgeries or hospitals into one visit so that patients do not have multiple trips.

There was also some discussion about the costs of missed appointments and how this problem could be addressed. Ideas included the more efficient management of multiple appointments mentioned above, or through a 'single point of access' system whereby a patient's care and treatment is managed through one health professional.

### **Third sector input and community resources**

Concerns were expressed about the withdrawal and reduction in funding for those valued support services provided by the third sector, particularly patient support groups, many of which now run on a voluntary basis and are struggling to provide the level of service that patients need.

It was also suggested that locally based third sector organisations be involved in developing support packages for patients, as they can provide dedicated and expert time and support to help patients and their families manage the psychological and financial demands of particular conditions and situations. For example, Sefton Carers Centre provides life coaching training and support for carers and their families.

There were also discussions around using and developing local community assets, particularly delivering condition specific education and support sessions –say, for example, diabetes and weight management - in community hubs such as children's centres and libraries.



## **Decision making**

There was an understanding and acknowledgement that the CCG is faced with difficult decisions. However, there was general agreement that decisions about healthcare shouldn't just be about saving money, and that the quality and safety of patient care, clinical evidence and what would be the most appropriate and effective care and treatment for individual patients must also be considered.

## **Local factors for consideration**

Through the course of the discussions, several references were made to the ageing Southport and Formby population. Many attendees felt it important that the needs of this group of residents be considered in further development of integrated local health and social care services and changes in local health services.

Also, as the location of local health services change, local transport links should be reviewed and suitable public transport and parking options developed so that patients can access the services they need.



## Your other ideas, comments and questions

- **Financial issues across the NHS** – people felt it should be recognised that local financial challenges in health are part of a much bigger national and political agenda and should be dealt with nationally by the government
- **Mental health conditions** – patients with these conditions often struggle to access services and follow treatment pathways, and this has a significant impact on the costs and effectiveness of health services
- **Drug and alcohol related health issues** – treating drug and alcohol related conditions and injuries through Accident and Emergency services is extremely costly, so there is a need to treat these cases in a different, more cost effective way
- **Local urgent care treatment centre** - to support the move to more efficient, community based services, the development of a locally based centre to treat urgent conditions for residents should be considered
- **Funding healthcare for tourists and visitors** – some people asked if the CCG pays for the healthcare of any tourists or visitors who may need treatment. It was explained that there is a process in place for the CCG to charge the tourist's or visitor's home CCG for any healthcare they may require during their stay in Southport and Formby

# Get involved or find out more

All the views and feedback from Big Chat 8 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](http://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](http://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.