

Proposal to reduce waste associated with repeat prescribing

Equalities and health inequalities impact check

The proposal

The aim is simply to give patients medicines they need and intend to take, but not medicines that they don't need or don't intend to take.

The proposal is that:

- In general it is sensible to get as many patients as possible requesting their own repeat prescriptions. No-one knows what they're running out of better than the patient themselves or their carer. For those who can use a computer or smartphone, that's likely to be the easiest way to request repeat medicines. For those who can't, the repeat prescription request slip can be used. Community pharmacists and patients would be asked to make sure that patients are given the repeat prescription request slip when medicines are dispensed.
- For patients who cannot request their own repeat prescriptions and don't have a carer who can request the prescription for them, options may include: the practice clinical pharmacist manages generation of the patient's repeat prescriptions (not all general practices currently employ a clinical pharmacist, but the number that do is growing quite rapidly); the general practice agreeing that the patient's community pharmacy can request the prescription on the patient's behalf; repeat prescriptions requested by another health or social care professional who works with the patient.
- After communicating with local community pharmacies, and an appropriate transition period, practices stop accepting repeat prescription requests from community pharmacies except for patients who cannot request their own repeat medicines, and who do not have a friend or carer who can request for them.
- Practices review how electronic repeat dispensing fits into their mix, bearing in mind the human factors that can lead to expensive waste.
- As many staff as possible work to change the mindset that says "I'm not going to tell my GP that I'm not taking the medicine."

Human factors that can lead to waste medicines include

Patients

- Not taking all the medicines they are prescribed (NICE states that between a third and a half of medicines that are prescribed for long-term conditions are not used as recommended).
- Not telling their GP that they are not taking a medicine(s) on their repeat prescription.
- Getting medicines dispensed that they don't intend to take.

Prescribers

- Busy prescribers taking the path of least resistance.
- Approving repeat prescription requests that appear on their computer task list after a suboptimal check.
- Reauthorising all the medicines on a repeat prescription after a suboptimal check.
- Issuing repeat prescriptions that allow more inhalers, insulin or creams to be dispensed than the patient needs.

Repeat prescription clerks

- 'Issuing' all items on a patient's repeat prescription template, even if the patient has only requested a subset of the medicines.

Community pharmacists and their staff

- Busy pharmacists and staff taking the path of least resistance.
- Dispensing repeat prescriptions that they have requested on the patient's behalf without, shortly before dispensing, checking which items the patient actually needs.
- Dispensing electronic repeat dispensing prescriptions without, shortly before dispensing, checking which items the patient actually needs.
- When they have permission to request repeat prescriptions on the patient's behalf, over-ordering (audit data from Luton and Haringey showed that, on average, community pharmacies requesting repeat prescriptions was associated with ordering more doses than when patients requested their own repeat prescriptions).

Elements of the proposal that are intended to reduce any negative impact of the proposal on equalities or health inequalities ('mitigations')

If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to: the practice clinical pharmacist manages generation of the repeat prescriptions for the patient (not all general practices currently employ a clinical pharmacist, but the number that do is growing quite rapidly); the general practice agreeing that the patient's community pharmacy can request the prescription on the patient's behalf; repeat prescriptions requested by another health or social care professional who works with the patient.

Please tell us if, even with the mitigation described above, the proposal would worsen inequalities or health inequalities for people with any of the characteristics listed in the table below. If you think the proposal would worsen inequalities or health inequalities for people with one or more of the characteristics listed in the table, please tell us how this worsening would happen (what would the mechanism for worsened inequalities or health inequalities be?). Please write your answers in the right hand column of the table below, in the boxes marked *

Protected characteristic (Equality Act 2010)	Measures to reduce any impact on equalities or health inequalities ('mitigation')	Even with the mitigation, will this proposal worsen equalities or health inequalities for people with this characteristic? If it would, how would this worsening happen – what would the mechanism be?
Low income (not a protected characteristic under the Equality Act 2010)	If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to: the practice clinical pharmacist manages generation of the repeat prescriptions for the patient (not all general practices currently employ a clinical pharmacist, but the number that do is growing quite rapidly); the general practice agreeing that the patient's community pharmacy can request the prescription on the patient's behalf; repeat prescriptions requested by another health or social care professional who works with the patient.	*
Age	If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2.	*
Disability	If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2.	*

Gender reassignment	If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2.	*
Pregnancy and maternity	If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2.	*
Race	If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2.	*
Religion or belief	If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2.	*
Sex	If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2.	*
Sexual orientation	If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2.	*

Which group, if any, do you represent.....

Your name (optional).....

Contact details (optional – if you provide contact details we will be able to contact you if we need to check that we have correctly understood something you have written)

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Please return completed forms to choosingwisely@nw.london.nhs.uk or to Freepost Healthier Northwest London by 15 September 2017.

Contact choosingwisely@nw.london.nhs.uk if you would like a digital copy of this form.

Equality monitoring information (optional)

We will not share the confidential details included in this form.

AGE

Your age (Please circle)

Under 18	18-24	25-34	35-44	45-54	55-64	65-74	75 and over	Prefer not to say
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If you have or care for a child, what is their age? (Please circle all that apply)

Pregnant	0-5	6-11	12-16	17-18	N/A
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GENDER

Your gender (Please circle)

Male	Female	Prefer not to say
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SEXUAL ORIENTATION

Your sexual orientation – *Which of the following best describes how you think of yourself?* (Please circle)

Bisexual	Gay/ Lesbian	Heterosexual/Straight	Other	Prefer not to say
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DISABILITY

Do you consider yourself to have a disability or long term health condition? (Please circle)

Yes	No	Prefer not to say
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If you have selected yes, please indicate (e.g. Vision, Hearing, Mobility, mental health or long term condition, such as diabetes, autism or asthma).....

Does your child have a disability or long term health condition? (Please circle)

Yes	No	Prefer not to say
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If you have selected yes, please indicate (e.g. Vision, Hearing, Mobility, mental health or long term condition, such as diabetes, autism or asthma,?).....

MARITAL STATUS

Your marital status? (Please circle)

Married	Single	Widowed	Divorced	Separated	Prefer not to say
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RELIGIONYour religion or belief – *These are based on the Census 2011 categories, and are listed alphabetically. Which group below do you most identify with? (Please Circle)*

Buddhist	Christian (<i>all types</i>)	Hindu	Jewish	Muslim	Sikh	No religion	Prefer not to say
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Other, Please state.....

ETHNICITYYour ethnic group - *These are based on the Census 2011, and are listed alphabetically (Please circle)*

a) Asian/ Asian British

Bangladeshi	Chinese	Indian	Pakistani	Sri Lankan/Tamil
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Any other Asian background, Please state

b) Black/ African/ Caribbean/ Black British

African	Caribbean	Somalian
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Any other Black background, Please state

c) White

White British (English/Scottish/Welsh/Northern Irish)	Polish	Irish	Gypsy or Irish Traveller
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Any other White background, Please state

d) Mixed/multiple ethnic groups

White and Black Caribbean	White and Black African	White and Asian
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Any other Mixed/multiple ethnic background, Please state

e) Other Ethnic Group (e.g. Persian/Iranian, Afghani, Arab).Please state

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