

Prescribing Wisely EQIA Workshop Table Write ups

Principles of the proposals?

1. Do we prioritise some parts of the community? (e.g. poor/ deprived)
2. Medication might be expensive
3. Children have the right to have free medication and the parent should be exempt
4. What is the GP going to say to parents?
5. Are patients going to be told which specific (?)
6. The proposals will not contribute to building good relationships- the assessment says that poor people will be affected

How will it affect CYP and families?

1. Children's medication is expensive and children should be exempt from this.
2. Some families will feel abandoned if asked whether they would pay or not
3. Real evaluation for children's medication
4. Community pharmacists feedback> parents mostly buy children's medication
5. There could be conflict of interest e.g. asking for different brands
6. No parents would buy paracetamol for child, do they still (inner city) make appointments for child)
7. Refugee children/ Looked after children/ Children in care
8. Pregnant mothers: some would buy & some won't

Why will it affect people that way?

1. 10 minute appointments are not long enough
2. It will have a negative effect on pregnant women
3. Young children with conditions may get worse
4. Social repercussions (PE, physical activities etc)
5. Potentially it can affect their mental health

How to mitigate these issues?

1. To exempt children and young people and future mothers
2. If it is implemented it has to be asked
3. London has different demographics from areas outside of London, they might still be able to get it there

Online prescribing and why the practices can't do it. How we can help them

1. My pharmacist gives me my repeat prescription
2. Patient has to have good organisational skills
3. Elderly may have no access to internet
4. CYP with disabilities- will they be affected?
5. Carers/ parents are already overwhelmed, they will have to go to the GP practice and collect their child's prescriptions

How can we help them?

1. Pharmacies are doing it now but they really don't want to do it
2. We need to know why medication
3. Safeguarding could be involved here

4. Annual review of medication
5. Parents should be more responsible and not order medication unnecessarily
6. They don't collect it- need to take more responsibility

Mental health

1. Patients need support in community. These proposals may affect that.
2. Research / audit of conversations and practice to uncover issues, develop good practice and understand if it works.
3. What are the impacts on carers of people with mental health conditions?
4. If asked whether they can pay over and over by different doctors would this amount to pressure?
5. Power imbalance: challenged on ability to pay. Fear that a "wrong" answer will affect care quality.
6. Relationships: training for professionals. Professionals and patients: ensure good practice guidance is available.
7. Are GPs well-suited to prescribe to people with serious mental health issues?

General suggested exemptions and mitigations

1. Should the Prescribing Wisely exemption list be the same as the national exemption list, during phase 1?
2. Some medicines are expensive in proportion to people's income. People might not want to admit that they are on a low income as they don't want to feel under scrutiny and challenged. If the questioning around this were to result in patients feeling under scrutiny they might visit their GP less resulting in their being less likely to get treatment. Possible mitigations could be to prescribe to people on low incomes regardless, and/or to ensure that patients are not required to justify their answer when questioned. It will also be important to promote this work widely in order to ensure that it is high profile and people understand it. Perhaps also it could be someone other than the GP who asks patients the question.
3. How will these changes impact on GP-patient consultation time (already just 5-10 minutes)?
4. What about people who are not able to order on the internet because of limitations around cognitive ability? Could mitigate by ensuring that staff are assigned to help.
5. Children and pregnant mothers should be exempt.
6. For people with English as a second language, there is the potential for misunderstanding GP's tone and question.

GP & patient education and training

- Training should be provided for GPs and pharmacists around rolling out these changes.
- Education should be rolled out for people on the changes and where you need to go to pharmacy rather than GP.
- Anxious that this is dependent on doctors:- want to know how many GPs were involved in forming these proposals?
- Some patients and GPs will struggle to adapt – how do we communicate and encourage behaviour change? – languages, leaflets, communications

- What training will GPs get and how will this ensure consistency? Does this risk adding yet another ask of GPs?

Wider comments

- Principle of NHS is that it is free at the point of need- so *need* is the crucial bit. The issue is in determining people's need during implementation.
- Even if you go to the pharmacist, it doesn't mean that you can afford to buy something. This adds an extra step. Some people go to the GP if they can't afford something at the pharmacy.
- Whoever prescribes and advises must have access to the patient's notes.
- Don't overcomplicate repeat prescriptions.
- Must take into account differences between pharmacy and what the GP prescribes: e.g. for diclofenac gel is lower strength in pharmacies than what the GP prescribes.
- 3 ½ weeks is insufficient for a consultation period. The consultation contained loaded questions with the survey being too long.

Wider queries

- Power balance: GP having to do EQIA on each person they see – how to work out who needs free prescribing?
- Cumulative impact: could the impact of this proposal be greater costs to other areas of the system?
- Attendees of the workshop would like to see a copy of the Greenwich pilot example?
- Would be good to know which items were taken off the list e.g. eczema treatment as a result of engagement?
- What about patients who can't order their own repeat prescriptions? This requires mitigating.
- What support will GPs get from CCGs and will there be a contract variation?

Learning disabilities

- Too much pressure being placed on carers
- Designation of carer is important - paid carer cannot make decisions on behalf of people with a learning disability
- Because of reduction in social care support it is not always possible for them to have the time to support people to attend their GP
- Reliance on carers could create inconsistencies
- Default position of carer does not work - evidence suggests that this does not work for people
- Should consider a 12 month study/review of the impact of the proposals
- Communication to people with a learning disability has not been accessible/acceptable. Document only made available in easy read a week before the end of the engagement process
- Need to be explicit about how vulnerable groups and carers are going to be able to access information about the proposals
- Need for wider general education within the general population in relation to the costs/repeat prescription processes
- Should use patient groups more to get key messages across

- Acknowledgement of changes made since the original proposals
- Creation of a register within GP surgeries to include people who may be at risk/vulnerable patients register
- What assessment has been made of the costs associated with the additional support to people with a learning disability?
- Information needed to support people to take medicines appropriately and thereby reducing waste
- Need to make proposals clearer for people with a learning disability in respect of maintaining the status quo for repeat prescribing
- Need to recognise that differences between GPs
- Request for people with a learning disability to maintain status quo in respect of repeat prescribing - this should relate to all those in the protected groups
- Are there other ways of reducing costs on repeat/OTC medicines by reducing the cost the NHS pays for these medicines/products?
- Should the GP have to automatically ask whether the patient gets free prescriptions

Disabilities – Long Term Conditions

Principals

- NHS free at the point of delivery
- Which medicines on prescribing list?
- Treatment at schools etc - asking patients questions can be demeaning/if don't ask can be discriminatory
- If patient needs medication GP should be able to prescribe
- Patients may self prescribe which could be dangerous
- No consultation with patients on proposals
- Affordability – may be able to afford at the beginning of the month but may not be able to at the end of the month
- Drugs bought on line
- GPs managed your drugs in the past, now reverting to this is seen as a cost saving
- Concerned that patients have conflicting medication
- If Carers may not be there/available/ reliable
- Proper prescription reviews by GPs
- If drugs disappear i.e. athletes foot cream, disease will become more prevalent

Long term conditions

- Complimentary supplements - over 65s/vitamins/high protein drinks
- Some drugs not over the counter – colds and flu

Old Age

- exemption to prescriptions
- Exemptions not to pay for prescriptions
- Are we being means tested against conditions

Disability

- Buying aspirin – GPs do not know patients can take that
- Some patients do not know what pills they are taking e.g. supplements – not listed on patient record
- Concerned about over the counter super market drugs

- Pharmacies not always well managed/stocked
- Pharmacies are closing – implications - relationship with patients

Repeat Prescribing

- Work with patients on medical adherence, waste
- Is the main driver waste management or targeting people who have difficulty in managing their own medications?
- Coeliac - system of vouchers that patients can use – free in supermarkets