



NHS
Central London
Clinical Commissioning Group

NHS
West London
Clinical Commissioning Group

Improving health and care together in Westminster

Adults, Health & Public Protection Policy
& Scrutiny Committee
29 June 2017

Purpose of this presentation

- This presentation provides a concise update on some NHS plans and priorities in Westminster.
- It:
 - Updates you on some of our plans and priorities
 - Provides an opportunity for you to ask questions and for us to hear about any concerns
 - Talks to you about some recent updates
 - Sets out the delivery of the Sustainability and Transformation Plan (STP) – our mechanism for working across North West London
- As your local NHS, we are looking to engage with the Council and to strengthen and renew our joint working together. We are looking for the Committee's support for this process.



Reflecting on some recent achievements

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Primary care plus – mental health services in general practice



Fully operational joint services for older people (e.g. SHSOP and CIS)



Additional investment in primary care locally – led by the needs of local practices



Full community health services transformation programme in train

Award winning primary care services (e.g. Pimlico @ the Marven)



More care coordination and self care



More specialist services provided in the community and closer to home (e.g. diabetes)



More scope for local planning and local improvement (e.g. through primary care delegated commissioning)



Our plans and priorities

1. Improving local specialist services

The local NHS is working on a significant re-development and new build at Imperial's St Mary's site.

A proposal for a £500 million re-development of St Mary's Hospital was submitted to NHS England in March 2015 and has now passed further hurdles in the redevelopment process.

In January 2017 the planning application for the redeveloped site was approved.



Our plans and priorities

2. Transforming community services

- Central London CCG is currently looking at all areas of major spend to ensure optimal clinical outcomes and sustainability/best value for public money.
- For some of this work, such as our cancer services, we have decided to review the services at scale across North West London. This enables us to share best practice, reduce variation and increase efficiencies working with large providers and trusts.
- However, locally we are committed to transforming our community health services. These services currently include:
 - Integrated services – including our bed based intermediate care services
 - Adult services – including Community Nursing, Community Matrons, Tissue Viability and Continence Services. One of the main objectives of this work is to reduce duplication in the system and to better integrate services
 - Children's services – including working with the Council on jointly provided services with education and SEN partners. The LA, the CCG and CLCH have been working together on Speech and Language Therapy services.
- We are currently planning what the next phase of this programme of work will include.



Our plans and priorities

3. Strengthening primary care

CCGs are GP led organisations and are involved in dealing with a number of challenges with primary care, including:

- Workforce – balancing local challenges in terms of recruitment and retention with planning for the workforce of the future
- Estates – improving our current estates, as well as planning for future needs (e.g. more services provided in the community)
- Technology – utilising digital technologies in the delivery of care, as well as how people interact with it (e.g. self care apps)

To address these areas, the CCG is currently:

- Talking to and listening to GP practices to understand their issues
- Working through a prioritised list of which practices are experiencing issues, including where there are lease/estates issues
- Developing a Primary Care Strategy, which we would like to discuss with the Committee; and
- Making plans for the reinvestment of premiums from PMS GP contracts



The North West London Sustainability and Transformation Plan or STP aligns with the Westminster health and wellbeing strategy priorities

The triple aim

STP delivery areas

H&WB priorities

Local priorities

Improving health
& wellbeing

DA 1

Radically upgrading prevention and wellbeing

Priority 1

Improving outcomes for children and young people

- Enabling and supporting healthier living
- Wider determinants of health interventions
- Helping children to get the best start in life
- Address social isolation

DA 2

Eliminating unwarranted variation and improving LTC management

Priority 2

Reducing risk factors for, and improving the management of, long term conditions such as dementia

- Improve cancer screening
- Better outcomes and support for people with common mental health needs,
- Reducing variation
- Improve self-management and 'patient activation'

Improving care & quality

DA 3

Achieving better outcomes and experiences for older people

- Whole systems approach to commissioning
- Implement accountable care partnerships
- Implement new models of integrated care services
- Upgraded rapid response and intermediate care services
- Single discharge approach
- Improve care in the last phase of life

Improving productivity & closing the financial gap

DA 4

Improving outcomes for children & adults with mental health needs

Priority 3

Improving mental health through prevention and self-management

- New model of care for people with serious and long term needs
- Address wider determinants of health
- Crisis support services
- Implementing Liked Minded and 'Future in Mind' to improve children's mental health and wellbeing

DA 5

Ensuring we have safe, high quality sustainable acute services

Priority 4

Creating and leading a sustainable and effective local health and care system for Westminster

- Improving care pathways from primary care
- Consolidating specialised services
- Delivering 7 day service standards
- Reconfiguring acute services
- NW London Productivity Programme

How we are delivering at scale – the 5 STP delivery areas

The programmes of work that will be delivered at scale to implement the STP are set out below, together with the outcomes we expect residents to experience

DA1

Radically upgrading prevention and wellbeing

- Families & Schools feel better supported to meet mental health needs of children & young people
- Improved parental wellbeing & improved parenting skills among parents
- Improved physical and mental health of children when they become adults
- Improved outcomes for patients with coronary heart disease (up to 50% reduction), diabetes (up to 50% reduction), stroke (up to 50% reduction), depression.
- Reduction in alcohol related hospital admissions & readmissions

DA2

Eliminating unwarranted variation and improving LTC management

- Improving patient experience and quality of life
- Improved survival rates from cancer
- Reduction in variation of care provided to patients
- Improving psychological wellbeing & quality of life
- People remain independent and healthy and are in employment
- People can easily access primary care and Out Of Hospital care services

DA3

Achieving better outcomes and experiences for older people

- People will be able to go home as soon as they are well enough; reducing the risk of pressure ulcers, HCAs, falls & confusion
- People will only be admitted to hospital when it is the best place for them
- The experience of finding suitable placements for older people will be improved for staff, patients and families
- NHS and social care resources more efficiently deployed so that older people can access better, more consistent & timely care



DA4

Improving outcomes for children & adults with mental health needs

- People will receive consistent and high quality personalised care in the least intensive setting possible
- Staff will be empowered and supported to work in an effective, coordinated manner across organisational boundaries
- Improved mental health and wellbeing for pregnant women, new mothers, and infants
- Tailored support will be provided for specific patient groups with high needs – people with learning disabilities / autism, children and young people, dual diagnosis

Ensuring we have safe, high quality sustainable acute services

- People will not have to wait for the tests they need while in hospital
- People will be offered more services in the community, either at GP surgeries or hubs
- People will receive care across different organisations that is 'seamless'.
- The new clinical models of care will mean improved patient experience, treatment & outcomes.
- Improve patient experience by 15%
- Better outcomes from specialist services

DA5

How we are delivering at scale – system leadership

In developing our STP we have established a **joint governance structure** to:

- **strengthen working between health and local government**; and which
- ensures there is **strong political leadership** over the STP, with **joint accountability** for the successful delivery of the plan

**JOINT NW LONDON HEALTH AND CARE
TRANSFORMATION GROUP
(JHCTG)**

- **Oversees development and delivery of STP** in NW London
- **A multiagency forum** to develop plans to meet health and care needs of NW London residents
- Representation from across **NHS and Local Government** (commissioners, providers, councillors and officers)

**DELIVERY AREA (DA)
PROGRAMME BOARDS**

- Each DA is **overseen by a DA Board**, chaired by two SROs
- **DAs 1 to 4** are co-chaired by **senior representatives from NHS and Local Government**
- **DA5** is co-chaired by **senior NHS provider and commissioner representatives** (as focus is on ensuring safe, high quality, and sustainable acute services)

ENABLER GROUPS

- Workforce
- Digital
- Estates

- The five DAs are **supported by three enablers: workforce, digital and estates**
- These are joined by a number of **other specialist bodies including the NWL Clinical and Care Board** in advising the JHCTG

Areas for the Committee's consideration

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This presentation provides a broad overview of the local NHS' priorities and plans, including how the CCGs are working through





Central London's primary care strategy

Community-level commissioning in Westminster 2017-2020

Draft for consultation purposes: June 2017

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1. The purpose of this document

- This document sets out the strategy for primary care and community-level commissioning in the Central London area for the period 2017 to 2020. It is a jointly owned document reflecting the views of NHS Central London CCG, responsible for commissioning, and Central London Healthcare (CLH), representing General Practices in the Central London area.
- The strategy sets out a clear vision for the system we want to create, based on transformed and sustainable primary care services:
 - Primary care remains the bedrock of the NHS
 - Primary care is central to transforming people's health and wellbeing outcomes
 - It is also central to people's experience of health and care services when they need them
 - A new approach is needed, and this is requiring local practices to work in an increasingly integrated way – both with each other and with other care services in local areas
 - The CCG will continue to commission more services in the community, closer to where people live
 - The CCG will also increasingly commission primary care to work 'at scale'; CLH will support practices to achieve this on a sustainable basis so that primary care is more resilient and has the capacity to deliver further services where this makes sense for people
 - For primary care, this will mean taking on more of a system leadership role – working with and influencing across health, social care, the voluntary sector and other partners
 - Partnership working will therefore become a key way all care services including primary care will operate.
- This strategy serves as a guide describing the health and care system we wish to create and how we will work with all local partners to deliver it.
- Thoughts and comments on this document are welcome. Please send them to chrisneill@nhs.net.



2. Central London Clinical Commissioning Group's vision for health and care in the area

The CCG's vision is to:

"improve the quality of care for individuals, carers, and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community".

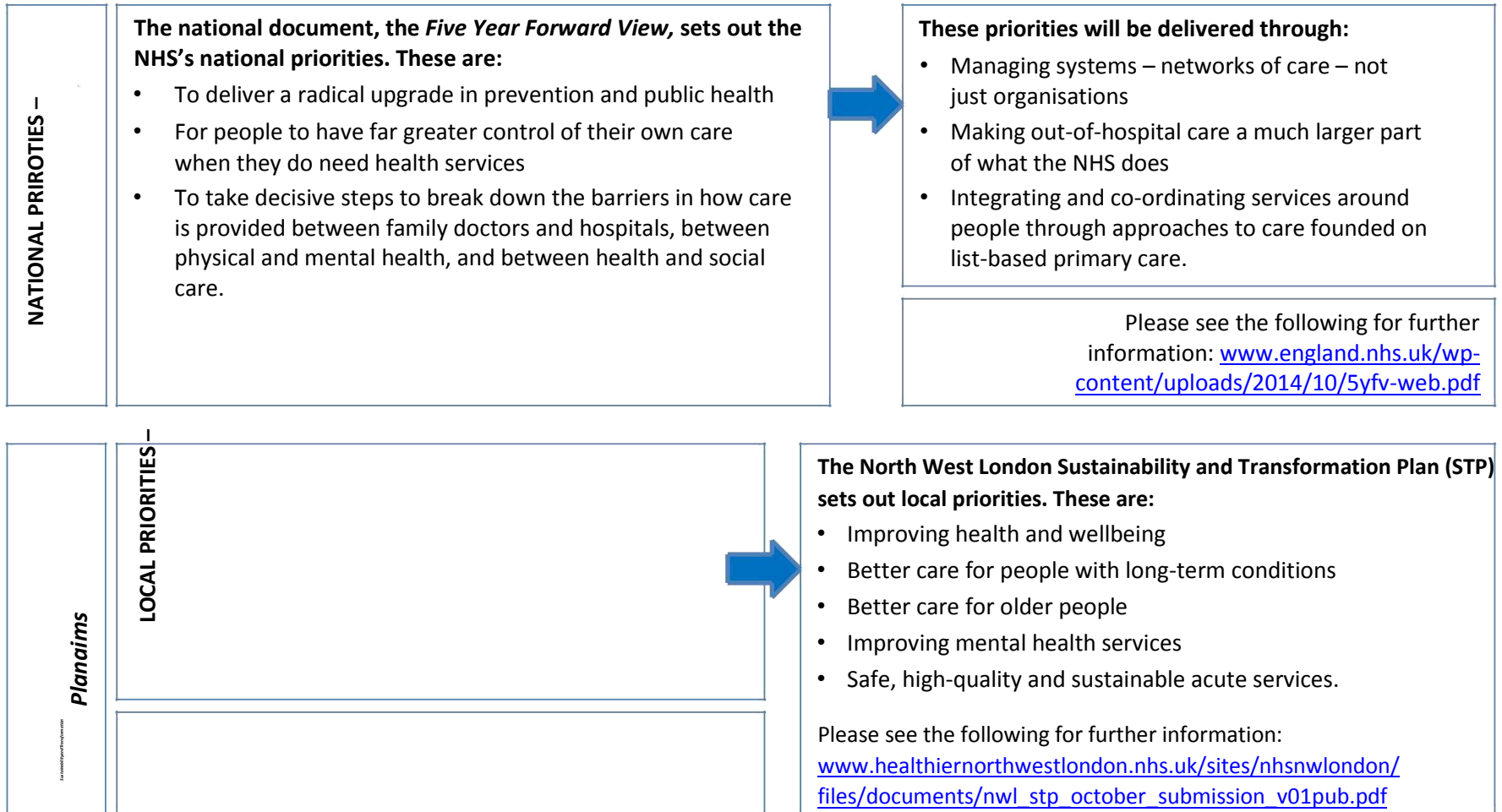
Primary care is central to delivering this vision and improving people's experience of care.

This document sets out how we will deliver on this vision from a primary and community perspective.

The CCG and CLH are committed to delivering on the plans set out in this document by 2020.



3. Delivering the vision – NHS national and local priorities



**These
priorities
will be
delivered**

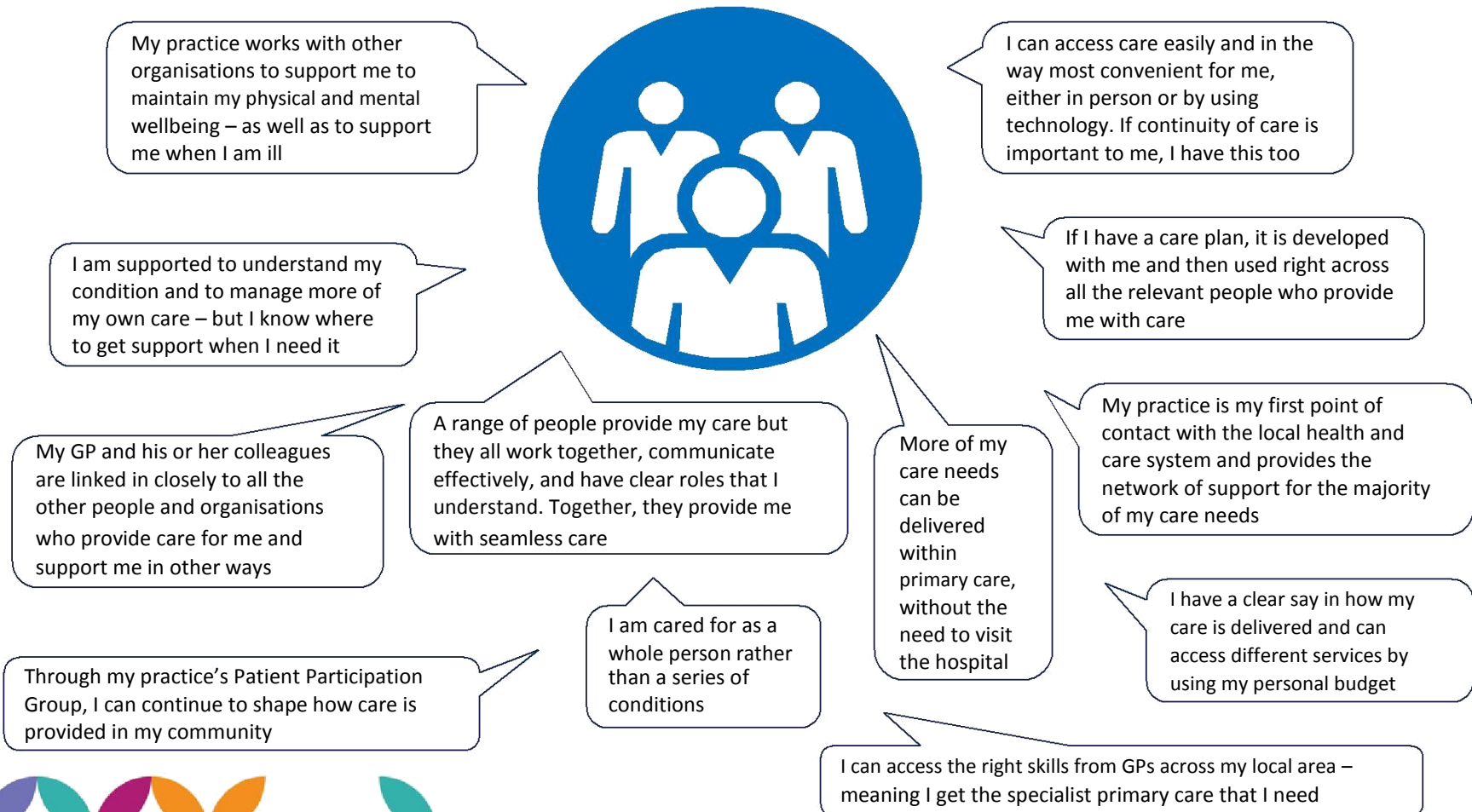
through:

- A new approach to providing health and care that:
 - Prioritises more joint working within general practice and with other care services wrapped around the registered lists of groups of practices
 - From primary care upwards, develops an accountable care approach that underpins a unified approach to all care delivered within Central London
 - Increases payments based on outcomes rather than activity.

4. Our approach to primary care transformation

The person perspective

Our approach to transforming health and care services begins with what people have told us they expect to experience in the care they receive:



4. Our approach to primary care transformation

The workforce perspective

Transforming people's experiences of care means changing the way our workforce works. It also means giving the workforce the tools to do their job effectively.

"I am part of a 'one person, one service, one team, one budget' approach"

"I understand the professional network around me"

"I know who to contact on my patient's behalf"

"I have time to focus on prevention as well as cure"

"I am able to flex my skills and experience"

"I can work with others to be creative about how I deliver the best care"

"I know what others are doing to support my patients"

"I work in premises that support the delivery of good quality care"



4. Our approach to primary care transformation

Supporting the workforce effectively

This means that the CCG and its partners need to create a system with:

A **workforce** that is in the right place, with the right capacity and has the right skills

Access to **technology and data** that supports the delivery of joined up care

Time to focus on **prevention** as well as cure

Digital **technology** that supports new ways of providing care

Estates that are fit for purpose and support new ways of providing care in the community

Networks and structures that enable **collaborative working** centred around people

Local structures that support **clinical leadership** of care networks

Freedom and support to **innovate** with how care is delivered

Processes that allow more of practitioners' **time** to be spent on caring

A **career path** that mixes variety and specialisation, supported by appropriate professional development



4. Our approach to primary care transformation

The transformation we need to see

Health and social care partners have already agreed priorities for how we need to work in future – including care that is:

Co-ordinated around individuals, targeted to their specific needs

Improved outcomes, reducing premature mortality and reducing morbidity

Improves the experience of care, with the right services available in the right place at the right time

Maximises independence by providing more support at home and in the community, and by empowering people to manage their own health and wellbeing

Through proactive and joined up case management, avoids unnecessary admissions to hospitals and care homes, and enable people rapidly to regain their independence after episodes of ill-health

Please see the following for further information on our joint Better Care Plan:
www.centrallondonccg.nhs.uk/what-we-do/our-plans.aspx

Health and social care's ambitions have big implications for how primary and community care is delivered in the community:

The primary care list underpins the delivery of all care across a population

Through the list, primary care will remain accountable for people's outcomes

To deliver this effectively, primary care will lead system integration

Primary care will be commissioned and incentivised to deliver at scale

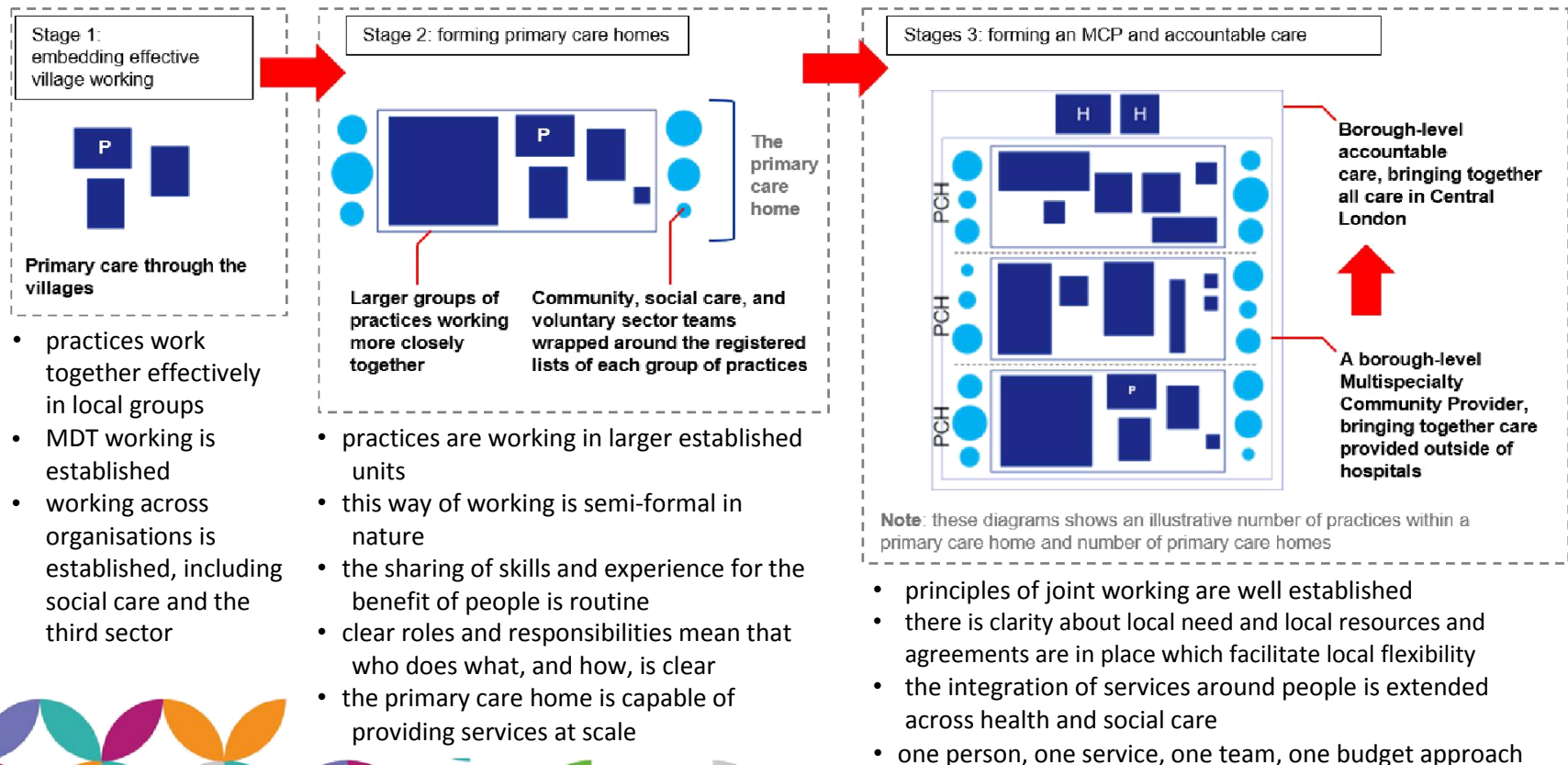
Primary care will be commissioned on the basis of person level outcomes rather than through activity measures



4. Our approach to primary care transformation

The stages of primary care transformation

The starting position for primary care transformation in Central London is the village structure – i.e. working together across practices, health, care and the voluntary sector to plan approaches to supporting people. The next stage in the development of this model will see a strengthening of primary care's role, increasingly working across service and organisational boundaries through Primary Care Homes. Ultimately this way of working will lead to a system of care which is more fully integrated and accountable for outcomes – the multi-specialty community provider or MCP model.



4. Our approach to primary care transformation

The stages of primary care transformation

The stages of primary care transformation will mean working across increasingly large groups of services and teams and at increasingly large geographies for the benefit of increasingly large groups of people.

Central London

MULTISPECIALTY
COMMUNITY PROVIDER

WORKFORCE

- community nursing team
- community-facing consultants
- social care, incl. public health
- business functions: HR, contracting, BI, etc.

DELIVERING, for example:

- NHS and non-NHS community services, including mental health
- NHS 111, UCC, OOH
- outpatient services linked to the management of long-term conditions
- high-volume / low-tech outpatient services
- emergency admissions that the MCP can influence, e.g. falls admissions, admissions from care homes
- social care
- public health services
- voluntary sector activity

PRIMARY CARE
HOME

WORKFORCE

- care navigators
- nurse practitioners
- pharmacist
- upskilled receptionists and administrative staff
- third-sector staff

DELIVERING, for example:

- same-day access
- care co-ordination
- practice-based mental health
- care home medical rounds
- social prescribing

30,000-50,000

PRACTICE

PRIMARY WORKFORCE

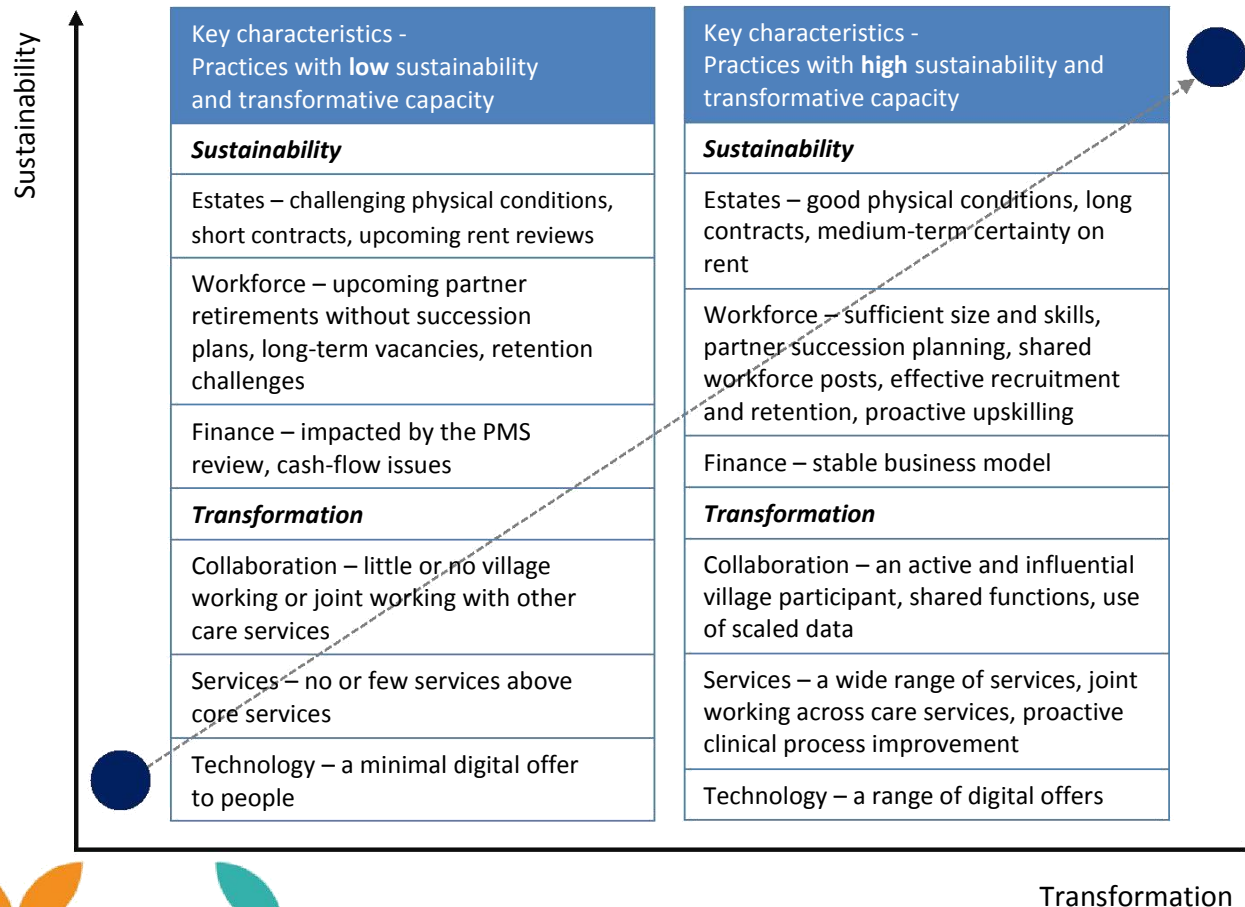
- GPs
- practice nurses



5. Supporting sustainability and transformation

Supporting primary care development

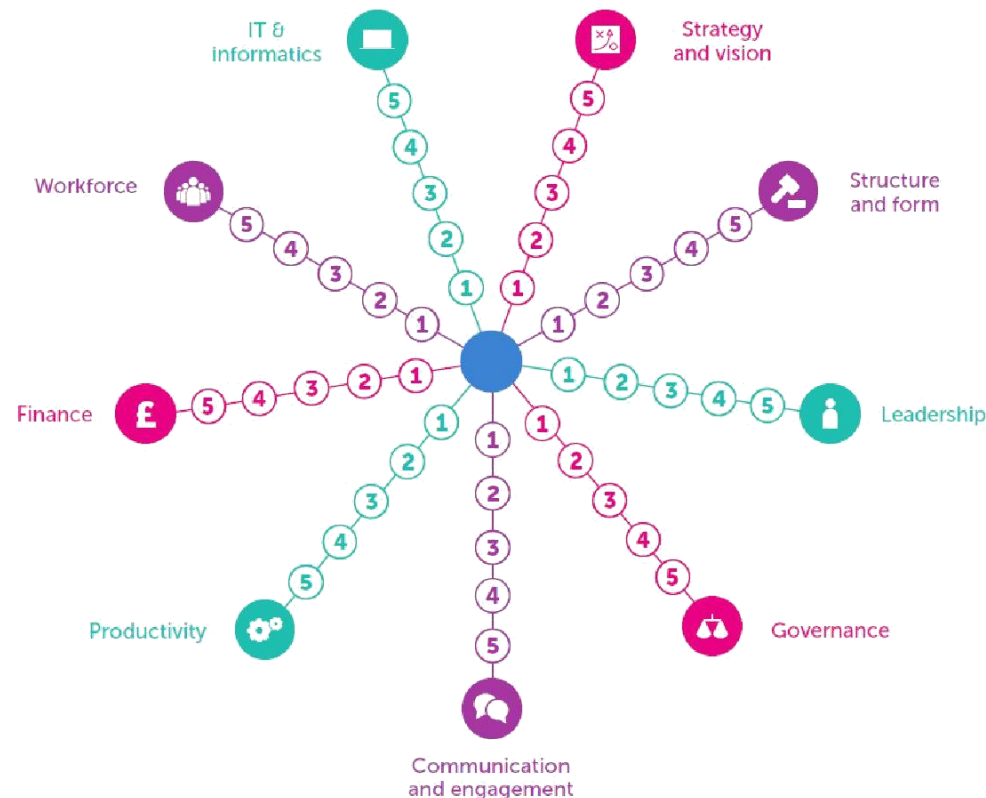
A range of factors influence primary care and its focus in the community. Our strategy is focussed on how sustainable a practice is, where it might see its role in relation to this strategy and what support it might need to deliver it.



5. Supporting sustainability and transformation

Supporting primary care provider development

Support from the CCG and CLH to groups of practices will be based around the development toolkit developed by Healthy London Partnerships as well as the local offer. The categories of support include the following:



5. Supporting sustainability and transformation

The provider development toolkit – sustainability

A range of support to practices will be made available focussed on the sustainability agenda:

Support category	Support offer	To enable practices to..
Sustainability	Diagnostic and analytical support – e.g. the primary care dashboard	identify specific areas for focus, affecting people's outcomes and practice income
	Specialist advice and guidance – e.g. operational HR, IT, management, finance issues	identify potential changes in practice working
	Coaching / supervision / mentorship as appropriate to identified needs	access leadership and development support
	Additional capacity/piloting new ways of working	bringing additional capacity and trying new ways of working
	Rapid intervention and support for practices at risk	responding to a short-term and longer term issues
	Change management and improvement support	deliver business plans more quickly



5. Supporting sustainability and transformation

The provider development toolkit – transformation

The transformation support will include the following:

Support category	Support offer	To enable practices to..
Transformation	Reviewing/removing system/commissioning obstacles where these exist	form firm collaborative relationships with a clear view of purpose and direction
	Development and sharing of materials which support at- scale working – e.g. MOUs, learning from elsewhere, etc.	
	Investment – resources, staff, time*	move forward quickly
	Demand and capacity modelling	understand future demand and local capacity issues, shaping business planning
	New commissioning approaches – e.g. risk and gain share	respond to commercial partnerships
	Analytical and project support	to get new ways of working and service initiatives off the ground and to evaluate their impact
	Workforce development	to bring new skills and a wider skills mix into general practice to support an extended primary care offer

The CCG is currently planning how provider development funding can be used to support the commitment of sufficient clinician time to this work.

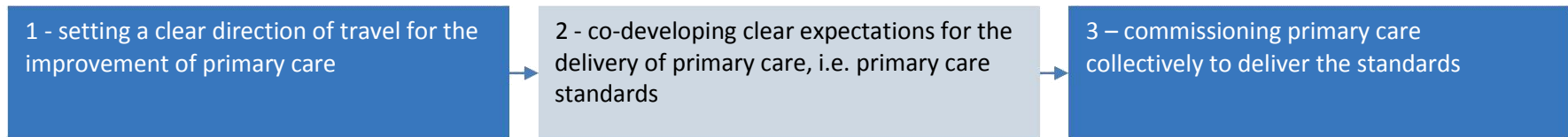


5. Supporting sustainability and transformation

Primary care standards

There is variation in health and wellbeing outcomes in Westminster and primary care have a key role to play in improving people's wellbeing.

The CCG will work with local people and local partners to develop a suite of standards that it will expect all practices to meet. It will build these standards into the local system's commissioning approach. It will do this by:



Example domains and standards are shown below, which focus on improving care, the experience of care and how practices are run:

Domain 1	Long Term Conditions	1.1	Holistic Care
		1.2	Cardiovascular Disease
		1.3	Respiratory Disease
		1.4	Diabetes
		1.5	Chronic Kidney Disease & Acute Kidney Injury
		1.6	Chronic Liver Disease
		1.7	Cancer
		1.8	End of Life
Domain 2	Medicines Optimisation	2.1	Medicine Safety
		2.2	Drug Monitoring
Domain 3	Children & Young People	3.1	Childhood Asthma
Domain 4	Safeguarding	4.1	Safeguarding
Domain 5	Vulnerable Groups	5.1	Dementia & Mild Cognitive Impairment
		5.2	Serious Mental Illness
		5.3	Military Veterans
		5.4	Learning Difficulties & Autistic Spectrum Conditions
		5.5	Asylum Seekers
		5.6	Carers

Domain 6	Public Health	6.1	Health Improvement
		6.2	Screening
		6.3	Health Protection
		6.4	Sexual Health
		6.5	TB Screening 16-35yrs
Domain 7	Proactive Care	7.1	Proactive Care / MDGs
Domain 8	Access	8.1	Access to Primary Care Medical Services
Domain 9	Safety & Experience	9.1	Patient Safety
		9.2	Patient Experience
Domain 10	Business Management	10.1	Demand Management
		10.2	Membership engagement
		10.3	Information Governance and IG Toolkit – including Business Continuity Planning / Resilience
		10.4	Accessible Information
		10.5	Declarations of Conflicts of Interest

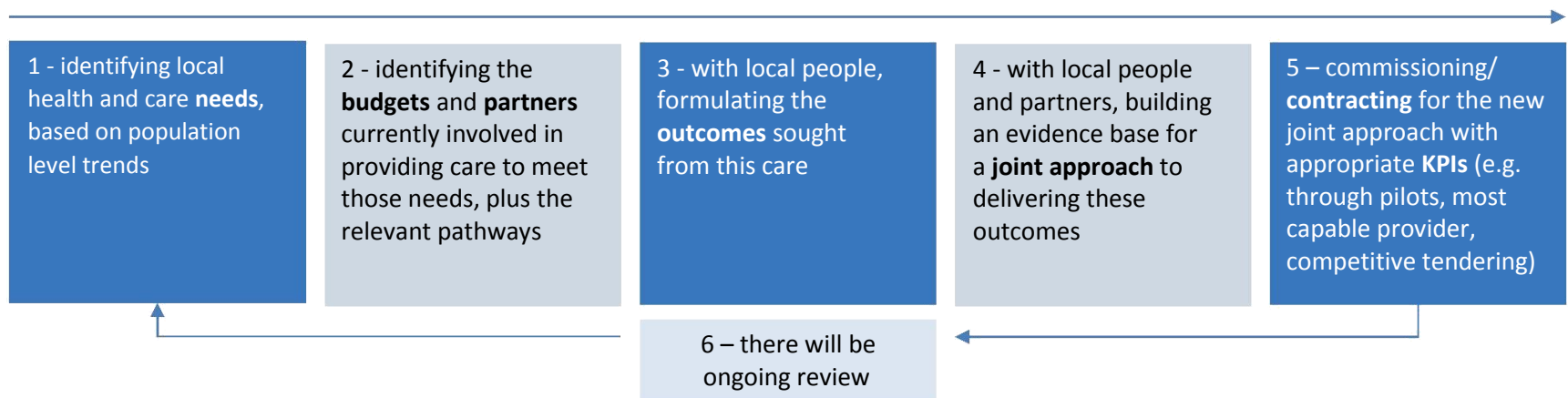
6. The commissioning approach

How the commissioning approach is changing

The CCG's commissioning approach is currently structured around particular services – dermatology and diabetes, for example.

In future, the approach will be to commission care based on the needs of population groups based on age and geography, such as older people or children within a locality. Over time this will combine commissioning intentions and budgets across organisations.

The CCG's role will be to facilitate a transformation approach through a clear and structured process:



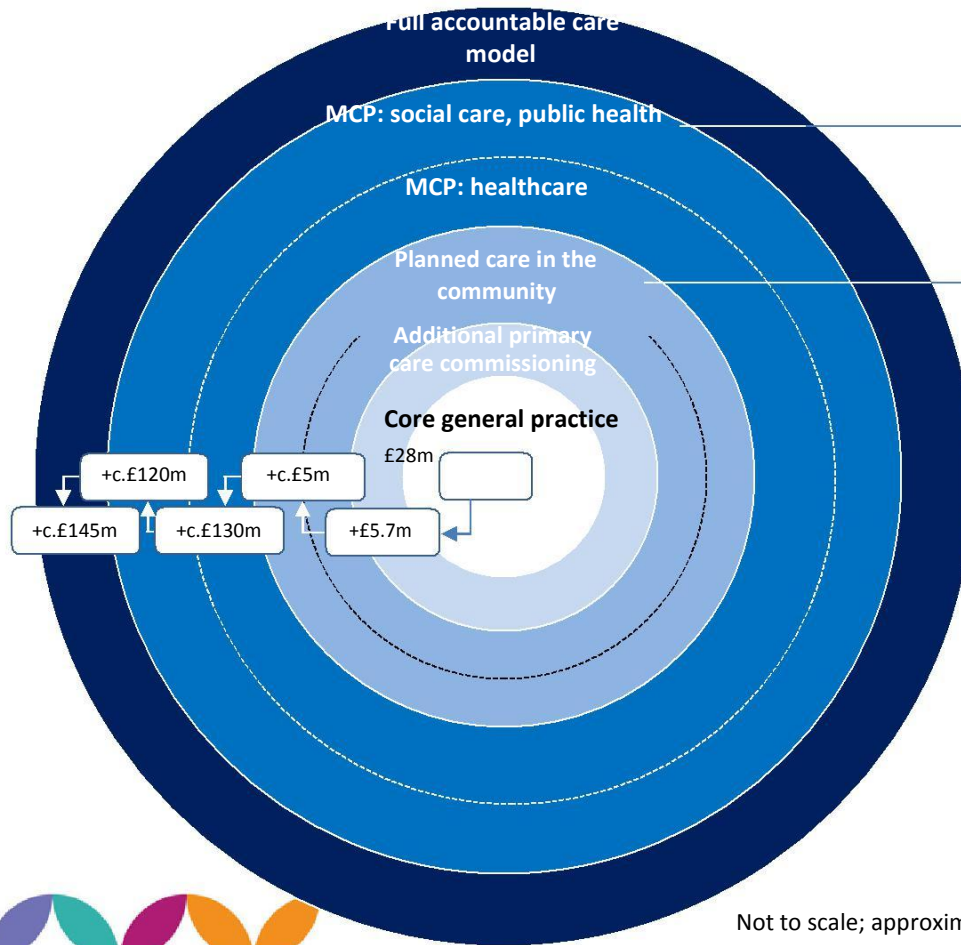
No single provider is likely to be able to meet all the care needs of any population group. This approach therefore requires all relevant providers, or groups of relevant providers, to:

- come together to jointly respond to the mandate set by the system and held by commissioners
- design the integrated service that can deliver the outcomes specified by the system within the budget available
- work with commissioners to develop the service options including the preferred route forward.



6. The commissioning approach

How investment in the community will change



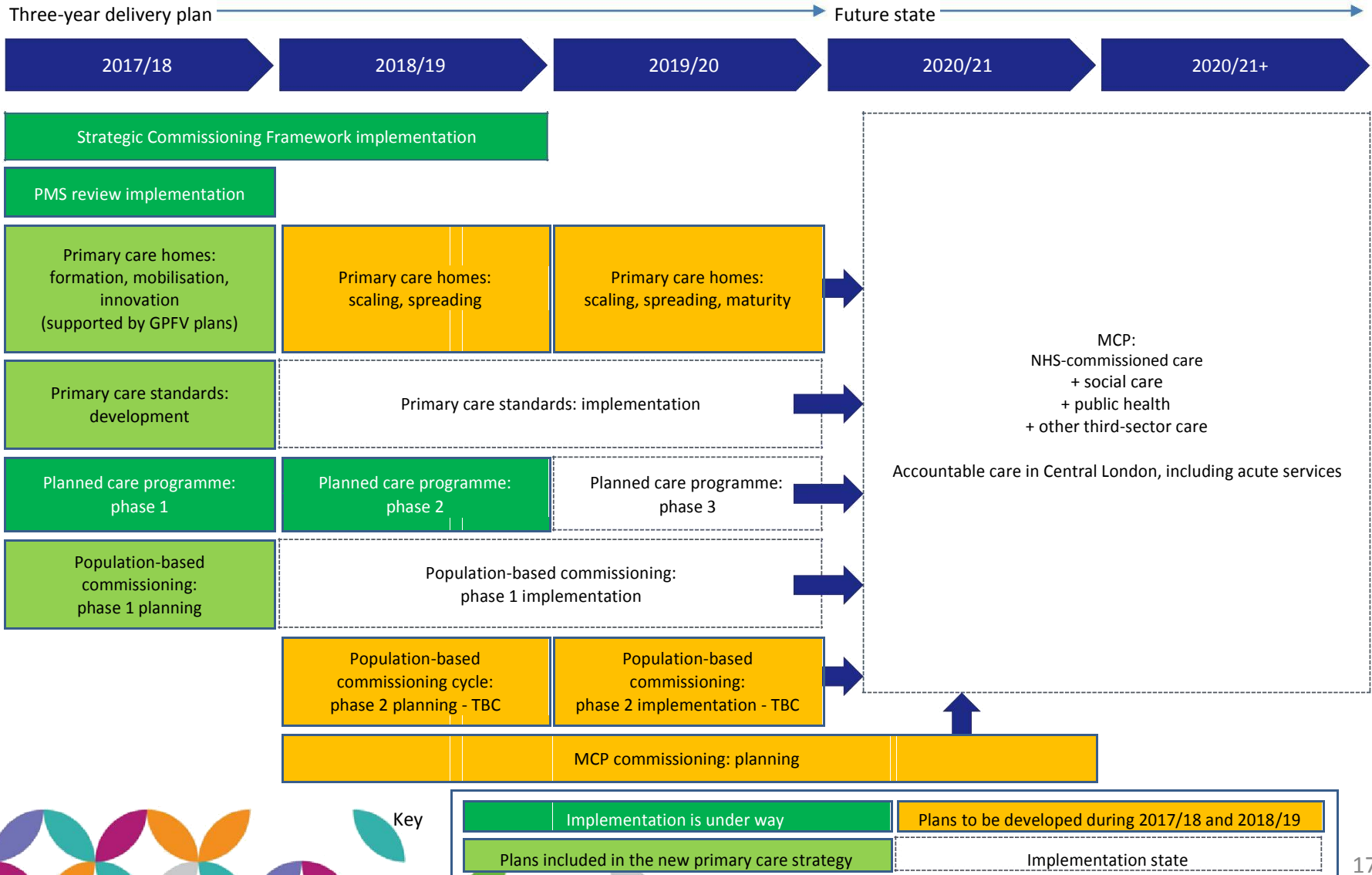
Planned care in the community – the CCG's plans so far

- phase 1 – 2017-18
relevant aspects of care for:
 - dermatology
 - cardio-respiratory (1)
- phase 2 – 2018-19
relevant aspects of care for:
 - cardio-respiratory (2)
 - urogynaecology
 - gastroenterology
 - neurology

This list will continue to grow and develop

Not to scale; approximate draft figures at this stage

7. The delivery plan



20. What is your ethnicity?

- | | |
|--|---|
| <input type="checkbox"/> Asian/ Asian British (Bangladeshi) | <input type="checkbox"/> White (Irish) |
| <input type="checkbox"/> Asian/ Asian British (Chinese) | <input type="checkbox"/> White (Polish) |
| <input type="checkbox"/> Asian/ Asian British (Indian) | <input type="checkbox"/> White (gypsy or Irish traveller) |
| <input type="checkbox"/> Asian/ Asian British (Sri Lankan/Tamil) | <input type="checkbox"/> White (other) |
| <input type="checkbox"/> Asian/ Asian British (Pakistani) | <input type="checkbox"/> Mixed/multiple (white and black) |
| <input type="checkbox"/> Asian/ Asian British (Other) | <input type="checkbox"/> Caribbean) |
| <input type="checkbox"/> Black/ Black British (African) | <input type="checkbox"/> Mixed/multiple (white and black African) |
| <input type="checkbox"/> Black/ Black British (Caribbean) | <input type="checkbox"/> Mixed/multiple (white and Asian) |
| <input type="checkbox"/> Black/ Black British (Somali) | <input type="checkbox"/> Mixed/multiple (other) |
| <input type="checkbox"/> Black/ Black British (Other) | <input type="checkbox"/> Other |
| <input type="checkbox"/> White (British) | <input type="checkbox"/> Prefer not to say |

21. What is your religion or belief?

- | | | |
|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh | <input type="checkbox"/> Prefer not to say |

Share your views

Return this survey to
**FREEPOST – HEALTHIER
 NORTH WEST LONDON**
 You will not need a stamp.

Visit us at
www.healthiernorthwestlondon.nhs.uk
 for more details or to complete this
 survey online at
<https://choosingwiselynw.london.commonplace.is>

Email us at
choosingwisely@nw.london.nhs.uk

If you would like to be notified of the
 outcome of these proposals or kept up to
 date about future developments in local
 health services please provide your name
 and email or postal address below.

Name _____

Email _____

Postal address _____

PLEASE CUT ALONG DOTTED LINE



North West London
 Collaboration of
 Clinical Commissioning Groups

Choosing wisely

Changing the way we prescribe

We want to hear your views



Your local NHS plans and buys (commissions) health services and medicines for people living in Brent, Ealing, Harrow, Hillingdon, Hounslow, Hammersmith & Fulham, Kensington & Chelsea and Westminster.

Using budgets wisely

It's our job to use our budgets wisely so all our residents have equal access to NHS services.

Your local NHS is facing challenges. Demand for healthcare is constantly rising as the population gets older, chronic and complex health conditions become more common and expensive new treatments become available. Unfortunately, our budgets are not increasing at the same rate.

In order to balance our budgets, we need to save nearly £135 million, around 5% of our annual expenditure, in the financial year 2017/18. This means we need to find areas where we can save money.

These difficult decisions about where we could save money need to be made locally, in a planned way, with the input of patients and residents. In July 2017, your local NHS is considering the proposals outlined in this leaflet and deciding whether to implement them. Your feedback will be an important part of the decision making process.

We want to make these savings in a planned way. If we don't, we could be forced into making unplanned cuts which affect the services you value most. We have a number of areas we are looking at to find the £135 million. Over the next few months we will be coming back to ask your views on a range of issues.

Our proposals

As the first step, we are focusing on changes to prescriptions. We believe this is an area where we can do things better and help to save money without affecting the quality of patient care.

Here we are setting out our three initial proposals. We would like your views on these by 30 June 2017:

1. GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription (see list on page 5).
2. GPs will not routinely prescribe the medicines and products listed on page 6 which can be bought without a prescription.
3. To reduce waste we will ask patients to order their own repeat prescriptions.

We want to hear your views by 30 June 2017.
Please fill in the survey at the end of this leaflet or go online at <https://choosingwiselynwlondon.commonplace.is>

Changing the way we prescribe

We believe that these three proposals to change the way we prescribe will help us to balance our budgets without affecting patient care.

Why make these changes?



To **free up GP time** for more complex patient care

Because many products are now widely available in **high street stores**



To **reduce waste** with repeat prescriptions



Because products are **far cheaper to purchase on the high street** than via the NHS



To **encourage people to self-care** with support from their local chemist

To **keep waiting lists** as short as possible

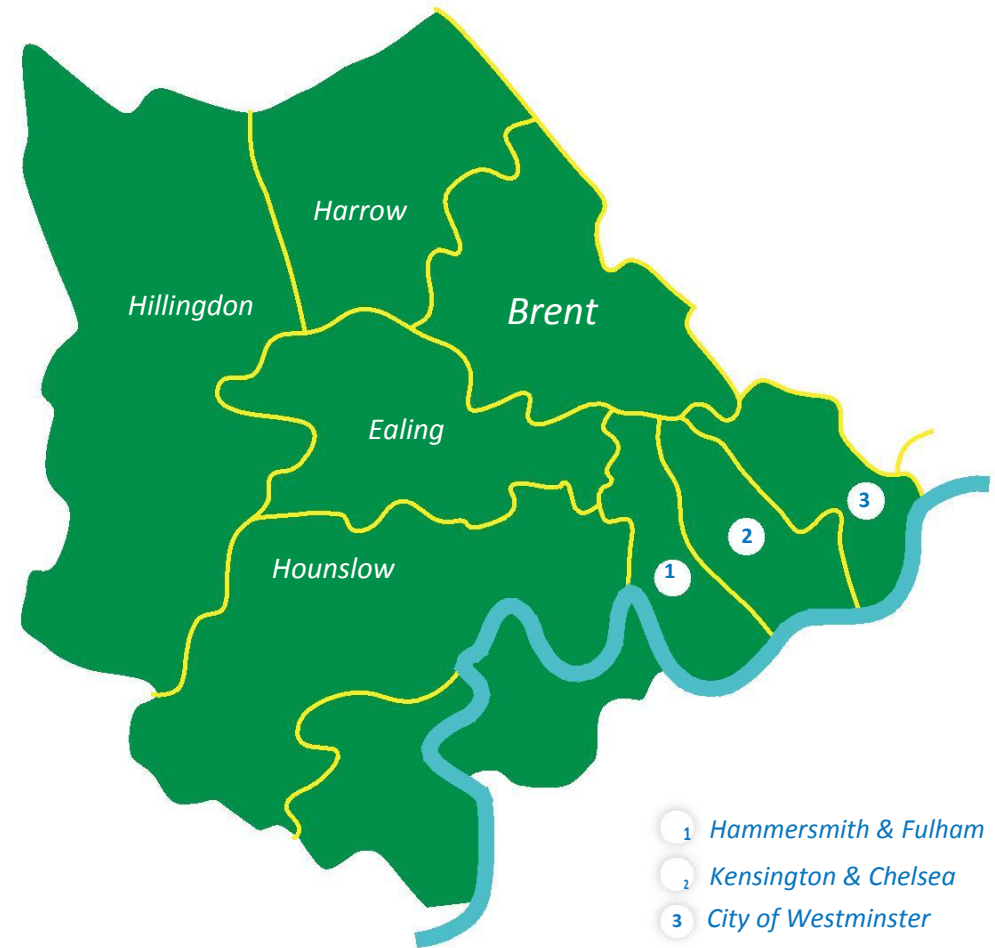


To **balance our budgets** and protect NHS services



Who are we?

Your local NHS covers the boroughs of Brent, Ealing, Harrow, Hillingdon, Hounslow, Hammersmith & Fulham, Kensington & Chelsea and Westminster.



Proposal one – GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription

You can buy some medicines from local chemists and other high street stores, over the counter without a prescription.

They are mostly for minor illnesses or conditions that are not serious or will not last long. Examples of these products are antihistamines for hay fever or ear drops to soften ear wax.

The £13 million spent last year on this list of products that can be bought without a prescription could be put towards medicines and products for more serious conditions.

What are we proposing?

We are proposing that it would be reasonable for most patients to buy products on this list over the counter without a prescription.

We propose that GPs will ask patients if they are willing to buy these medicines and products in most circumstances, because they are now widely available and mostly cheap to buy.

Cost to your local NHS:



Full list of medicines and products we are including in proposal one:

Acne treatment	Headlice lotions
Antacids	Ibuprofen
Antifungal skin products	Infant formulas
Antihistamines	Laxatives
Artificial saliva	Loperamide for diarrhoea
Barrier creams	Lubricant products for dry eyes
Benzydamine mouthwash	Oral rehydration solution sachets
Chloramphenicol eye drops	Paracetamol
Co-codamol 8/500	Shampoos for eczema and psoriasis
Cold sore treatment	Specialist sun creams
Corticosteroid nasal sprays for hayfever	Threadworm tablets
Covering cream or powder	Vitamins and mineral supplements.
Ear wax removers	
Emollients – creams and ointments for eczema and psoriasis	

What do you think?

- Are you willing to buy these medicines over the counter if asked by your GP?
- If not, why not?
- Do you disagree with anything on this list?
- Are there any other products which you think should be included on this list?

Use the tear-out form in this leaflet or go online at <https://choosingwiselynwlondon.commonplace.is>

Proposal two – GPs will not routinely prescribe the medicines and products listed below which can be bought without a prescription

We are asking GPs across the eight boroughs of your local NHS to tell us if they can think of any good medical reasons for prescribing a number of medicines that can be bought without a prescription.

The GPs who have contributed to the development of these proposals up until now could not think of any good reasons for prescribing the following:

Full list of medicines and products we are including in proposal two:

Antiperspirants	Oral rehydration sachets
Bath additives	Products for hair removal that can be bought without a prescription
Colic treatments	Teething gels
Cough and cold remedies	Tonics
Creams or suppositories for haemorrhoids (piles)	Travel sickness tablets
Herbal and complementary supplements	Wart and verruca treatments that can be bought from local chemists.
Mouthwashes (except benzydamine)	

If GPs cannot think of good medical reasons for prescribing these products we would expect there to be far fewer prescriptions for them in future.

Cost to your local NHS:



Potential savings – proposals one and two

Last year, across the eight boroughs of your local NHS, we spent over £15 million on medicines and products that you can buy without a prescription.



We believe that these proposals could help us make savings in this area.

If we don't make these changes now, we could be forced to make these savings in other areas.

What do you think?

- Do you disagree with anything on this list?
- Are there any other products which you think should be included on this list?
- Why do you think that?

Use the tear-out form in this leaflet or go online at <https://choosingwiselynwondon.commonplace.is>

Proposal three – To reduce waste we will ask patients to order their own repeat prescriptions

We want to improve the way we manage repeat prescriptions. We would like to encourage patients, GPs and pharmacists to review their use of repeat medicines more often. We want to reduce waste by making sure that people only order the medicines that they need.

Nobody knows which medicines you are running out of better than you. Other parts of the country have seen a decrease in over-ordering when prescriptions are ordered directly by patients and carers.

When prescriptions are ordered on your behalf, there is a risk that you will get medicines you do not need or do not intend to take. This can cause unintended harm.

It also wastes NHS funds on dispensing medicines that are not used.

What are we proposing?

We propose a change to the repeat prescriptions system.

We would like more patients (or their carers) to order their own repeat prescriptions. This will reduce waste, increase safety, increase your control of the process, and save costs.

Patients and carers can order repeat prescriptions in the following ways:

- Using the online ordering services of your GP practice
- Using mobile phone apps
- Using repeat prescription ordering slips handed in or posted to the GP practice.

A few patients won't be able to request their own prescriptions and won't have a carer who can do it for them. General practices would consider accepting requests from a local chemist on behalf of these patients.

Potential savings – proposal three

Looking at what other NHS organisations have saved when taking action on repeat prescriptions, we believe this proposal could save around £9 million per year.



If we don't make these changes now, we could be forced to make these savings in other areas.

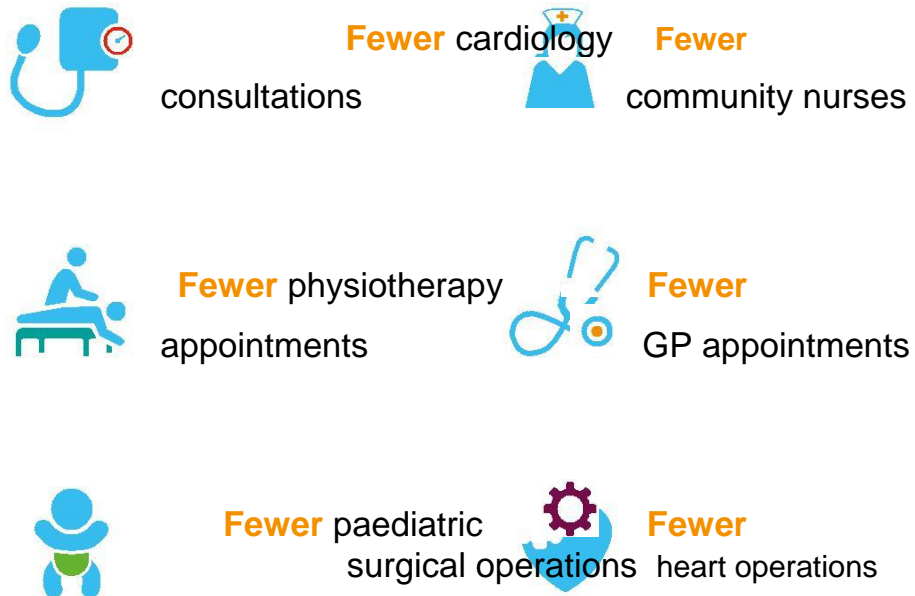
What do you think?

- Do you or have you received repeat prescriptions?
- Would you be happy to order online or using a mobile phone app?
- Would you be happy to use repeat prescription ordering slips handed in or posted to the GP practice?
- If not, why not?

What if we don't make these changes?

If we don't make these changes now, we could be forced to make these savings in other areas.

This could mean longer waiting lists for appointments and surgeries and:



We want to hear your views

Please respond by 30 June 2017

These proposals have been developed to reflect a balance of views expressed by GPs in Brent, Ealing, Harrow, Hillingdon, Hounslow, Hammersmith & Fulham, Kensington & Chelsea and Westminster.

Taking part in this public engagement is an important way to have your say on issues that affect you.

Proposal 1: GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription.

1. Are you willing to buy these medicines or products over the counter if your GP asked you?

☐ Always ☐ Mostly ☐ Don't know ☐ No

2. If you answered 'no' why not?

3. Do you think there should be any exemptions? ☐ Yes ☐ No

4. Do you disagree with any medicines or products on the list? ☐ Yes ☐ No

5. Are there any other products which you think should be included on the list? ☐ Yes ☐ No

If you answered 'yes' to questions 3, 4, and/or 5, please list them and tell us why:

Proposal 2: GPs will not routinely prescribe the medicines and products listed on page 8 which can be bought without a prescription.

6. Do you disagree with any medicines or products on the list? ☐ Yes ☐ No
7. Do you think there are any medicines or products which could be added to the list?
☐ Yes ☐ No

If you answered 'yes' to question 6 and/or 7 please list them and tell us why:

8. Do you currently receive products from Proposal 1 or Proposal 2 on prescription for yourself or a family member?

- | | | |
|--|---|---|
| <input type="checkbox"/> Self-care medications
(eg paracetamol,
Ibuprofen) | <input type="checkbox"/> Emollients/shampoos
<input type="checkbox"/> Bath additives
<input type="checkbox"/> Cough and cold remedies | <input type="checkbox"/> Other
<hr/> |
|--|---|---|

Proposal 3: To reduce waste we will ask patients to order their own repeat prescriptions.

9. How happy would you or your carer be to order your repeat prescriptions?
☐ Always ☐ Mostly ☐ Don't know ☐ Already do ☐ No
10. Would you be happy to order your repeat prescriptions online?
☐ Always ☐ Mostly ☐ Don't know ☐ Already do ☐ No
11. Would you be happy to order your repeat prescriptions using a mobile phone app?
☐ Always ☐ Mostly ☐ Don't know ☐ Already do ☐ No
12. Would you be happy to order your repeat prescriptions using ordering slips handed in or posted to the GP practice?
☐ Always ☐ Mostly ☐ Don't know ☐ Already do ☐ No

13. If you answered 'no' to questions 10, 11, and/ 12 can you tell us why?

Anything else

14. Is there anything else you would like to tell us about these proposals?

We have also been examining other areas of possible financial savings, and will be asking what you think of these in the future.

To help us make sure we have reached people from across the local NHS area, please complete the following section about yourself. We won't share the information and we won't use it for any other purpose. Your contact details will only be used to keep you informed.

15. What's your home postcode?

16. What is your relationship with your local NHS?

- | | |
|--|---|
| <input type="checkbox"/> I am a local resident | <input type="checkbox"/> I am a clinician, commissioner |
| <input type="checkbox"/> I'm a representative of an organisation | or other healthcare professional |
| | <input type="checkbox"/> Other |

17. What is your age group?

- ☐ Under 24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-69 ☐ 70-85 ☐ 85+

18. What is your gender?

- | | | |
|---------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Female | <input type="checkbox"/> Other | |

19. Which of the following options best describes how you think of yourself?

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Heterosexual / straight | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Gay / Lesbian | <input type="checkbox"/> Other | |

15 Marylebone Road

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NW1 5JD

Tel: 020 3350 4000

Email: gpchoosingwisely@nw.london.nhs.uk

Monday, 12 June 2017

Dear colleague,

CHOOSING WISELY – CHANGING THE WAY WE PRESCRIBE

We are writing to ask your views about our proposals to change the way we prescribe medicines to help tackle the widening gap in the finances of the NHS in North West (NW) London.

These proposals will be going to our CCG Governing Body for a decision in July 2017 and are entering a three week period of engagement from today. Your valuable feedback will feed in to our final proposals for discussion at this Governing Body meeting.

Demand for healthcare is constantly rising as the population gets older, chronic and complex health conditions become more common and expensive new treatments become available.

Unfortunately our budgets are not increasing at the same rate and we are facing a financial gap. This financial year in NW London we have been asked to save nearly £135 million; around 5% of our annual expenditure, in order to balance our budgets. We are looking at changes we can make to protect the financial stability and future of the NHS.

We need to take a sensible approach to our finances and look for opportunities to reduce expenditure that will not impact on residents' health and essential NHS services.

We are exploring a number of areas where we can make common sense changes towards saving costs. These include the ways we prescribe medicines and our commissioning of planned procedures with a threshold. As the first step in this process, we are focusing on changes to the way we prescribe.

These proposals have been developed to reflect a balance of views expressed by GPs and patient representatives in the engagement undertaken to date.

They fit well with the self-care agenda as they encourage people to take more responsibility for their repeat prescriptions and their own health, with the support of their community pharmacist.

These proposals are similar to initiatives taking place in other parts of Greater London such as Richmond, Croydon, Greenwich, and Luton.

We will now go out and engage on these policies with GPs and other stakeholders across NW London, including Overview and Scrutiny Committees, Healthwatch groups and the vulnerable groups highlighted by our initial equality impact assessment. We will be looking at the effects of these proposals on vulnerable groups, especially all protected groups, and as well as contacting all of these groups to engage around these proposals, we will be conducting a full Equalities Impact Assessment (EIA) . Some people may also receive a request from PHAST to answer specific equalities analysis and health inequalities impact assessment questions to support this project.

We are inviting patients and residents to have their say on these proposals through the following website: <https://choosingwiselynw.london.commonplace.is> . In addition, printed leaflets about these proposals should arrive at your practices by the middle of next week.

North West London Collaboration of Clinical Commissioning Groups consist of Brent, Central London, Ealing, Hammersmith & Fulham, Hillingdon, Hounslow, Ealing and West London Clinical Commissioning Groups

PROPOSAL: TO REDUCE WASTE WE ARE ASKING PATIENTS TO ORDER THEIR OWN REPEAT PRESCRIPTIONS

Wasted medicines waste money, and unused medicines are a safety risk. Evidence from other parts of the country links community pharmacy repeat prescription schemes with more over-ordering than when repeat prescriptions are ordered directly by patients and carers.

NICE states that between a third and a half of medicines that are prescribed for long-term conditions are not used as recommended, which can lead to considerable waste.

Over-ordering can lead to safety issues when patients receive medications they do not need or do not intend to take. It also wastes NHS funds on dispensing medicines that are not used.

We propose a change to the repeat prescriptions system. With the one exception outlined below, we suggest that general practices only accept requests for repeat prescriptions from patients or their carers. This will reduce waste, increase safety, increase patient control of the process, and save costs.

Patients and carers would be able to order repeat prescriptions from their GP using online methods, smartphone apps, or repeat ordering slips

Your views: exemptions and other comments

- ☐ We propose that the small number of patients unable to order their repeat prescriptions themselves, or with the help of a friend or carer, be exempt from this policy
 - ☐ Please tell us about other patient groups you feel should be exempt from this policy.
 - ☐ Please tell us any other comments you may have about this policy.
-

PROPOSAL: GPs WILL ASK PATIENTS IF THEY ARE WILLING TO BUY CERTAIN MEDICINES OR PRODUCTS THAT CAN BE BOUGHT WITHOUT A PRESCRIPTION

In 2016 we spent over £15 m in NW London on products that can be purchased without a prescription. We propose spending less on these to help to preserve core services for more serious conditions and free up GP time for more complex patient care.

We propose that when recommending products on the attached list that can be purchased without a prescription, GPs and other prescribers follow these steps:

1. Do not prescribe the medicines and products listed on the accompanying sheet, except for patients who have one of the listed reasonable criteria for prescribing, and
2. Inform the patient (even those with a listed reasonable criterion for prescribing) that the medicine can be purchased and ask if they will buy it
3. Give the patient an information sheet about purchasing OTC medicines
4. Only prescribe the product for patients with one of the listed reasonable criteria for prescribing who have said that they are unable or unwilling to purchase it.

Please note that this proposal:

- ☐ Does not 'ban' any medicine or product from being prescribed
- ☐ Does not require prescribers to ask a patient about their financial circumstances
- ☐ Does not require prescribers to decide which patients to prescribe OTC medicines for
- ☐ Enables every patient with a listed 'reasonable criterion' for a medicine to access it.

Your views: exemptions and other comments

Please let us know of:

- ☐ Any exemptions you believe should apply to this policy
- ☐ Any products you feel should be added to or removed from this list
- ☐ Any reasonable criteria for prescribing the products that in your view are missing from the accompanying sheet
- ☐ Any other comments you have on this policy

Products on this list:

Acne treatment;
Antacids;
Antifungal skin products;
Antihistamines;
Artificial saliva;
Barrier creams;
Benzydamine mouthwash;
Chloramphenicol eye drops;
Co-codamol 8/500;
Cold sore treatment;
Corticosteroid nasal sprays for hayfever;
Covering cream or powder;
Ear wax removers;
Emollients - creams and ointments for eczema and psoriasis;
Ibuprofen;
Laxatives;
Loperamide for diarrhoea;
Lubricant products for dry eyes;
Oral rehydration solution sachets;
Paracetamol;
Shampoos for eczema and psoriasis;
Specialist sun creams;
Threadworm tablets
Vitamins and mineral supplements.

PROPOSAL: GPs WILL NOT ROUTINELY PRESCRIBE THE MEDICINES AND PRODUCTS LISTED BELOW WHICH CAN BE BOUGHT WITHOUT A PRESCRIPTION

We are asking GPs and other prescribers in NW London to tell us if they can think of any reasonable criteria for prescribing a number of medicines that can be bought without a prescription. The GPs who have contributed to the development of these proposals up until now could not think of any reasonable criteria for prescribing products on this list. If GPs cannot think of any reasonable criteria for prescribing these products we would expect there to be no (or very few) prescriptions for them in future.

Products on this list:

Antiperspirants
Bath additives
Colic treatments

Cough and cold remedies
 Creams or suppositories for haemorrhoids (piles)
 Herbal and complementary supplements
 Mouthwashes (except benzydamine)
 Oral rehydration sachets
 Products for hair removal
 Teething gels
 Tonics
 Travel sickness tablets
 Wart and verruca treatments

If we proceed with these proposals, we will support GPs by communicating with patients and public ahead of the changes. We will produce patient-facing leaflets and posters to support our campaign to seek patients' help in reducing our expenditure on OTC products.

As a GP-led organisation, we particularly want to hear your clinical views on these proposals and on any details or exemptions we may have missed. We invite you to comment on the proposals by emailing us at gpchoosingwisely@nw.london.nhs.uk by 30 June 2017.

We look forward to hearing from you.

Yours faithfully,



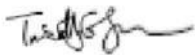
**Dr Etheldreda Kong, Chair
of NHS Brent CCG**



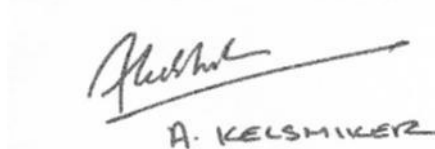
**Dr Neville Purssell,
Chair of NHS Central
London CCG**



**Dr Mohini Parmar,
Chair of NHS Ealing CCG**



**Dr Tim Spicer,
Chair of NHS Hammersmith
and Fulham CCG**



**Dr Amol Kelshiker
Chair of NHS Harrow CCG**



**Dr Ian Goodman,
Chair of NHS Hillingdon
CCG**



**Dr Nicola Burbidge,
Chair of NHS Hounslow CCG**



**Dr Fiona Butler,
Chair of NHS West London
CCG**

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