

HEALTH AND WELLBEING BOARD

Tracking Decisions Log 2024 – 25



Please note that the Tracking Decisions Log is a ‘live’ document and subject to change at short notice.

For enquiries relating to this committee’s work programme and tracking decisions, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Date	Resolution	Officer Responsible	Progress
07/03/2024	Requested a breakdown of the reasons for medication shortages and delays.	David Bearman (DLPC)	Complete: A breakdown of the reasons for medication shortages can be found here: https://pharmaceutical-journal.com/article/feature/special-report-the-uks-medicines-shortage-crisis
07/03/2024	Delegated to the Chair of the Plymouth Health and Wellbeing Board, authority to submit the final response to the Devon Community Pharmacy Strategy, healthcare professional survey, on behalf of the Plymouth H&WB.	Councillor Pauline Murphy / Elliot Wearne-Gould	Complete: A response has been submitted on behalf of the H&WB, combining feedback received at the meeting, and individual comments submitted by Board members. The Board will request an update once the survey results have been collated and analysed. The public survey has now been launched, and circulated to members.
07/03/2024	To recommend that Councillors are provided suicide prevention and awareness training, as well as emergency support contact detail.	Kamal Patel	In Progress: A Councillor briefing note is being compiled, and councillor training will be provided as part of the new induction councillor training, post general election. This will be open to all members.
24/01/2024	Agreed to receive an update paper following the Vaping Working Group in the new municipal year.	Dan Preece/ Dave Schwartz	Complete: Item added to the work programme for the new municipal year.

24/01/2024	<ol style="list-style-type: none"> 1. To record their concern at the rate of Pharmacy closures in Plymouth (approximately 20%), and to engage with NHS Devon ICB's resilience planning; 2. To accept the proposal to 'go early' with the publication of the next PNA (no later than March 2025, as opposed to September 2025); 3. To support and engage in the development (in the coming months) of the NHS Devon ICB Pharmacy Strategy (which in turn, would inform the 2025 version of the Plymouth PNA). 	<p>Rob Nelder (Consultant, Public Health) and Chris Morley (NHS Devon ICB)</p>	<p>Complete:</p> <ol style="list-style-type: none"> 1. NHS Devon ICB will engage the Health and Wellbeing Board in resilience planning, and further reports will be brought to future meetings; 2. The production of a renewed PNA has begun, with a target of completion by March 2025; 3. The Board were consulted and engaged in the development of the NHS Devon ICB Pharmacy Strategy at the 7 March 2024 meeting.
24/01/2024	<ol style="list-style-type: none"> 1. To Recommend to NHS Devon that options be explored to commission dedicated older people's Community Builder; 2. To recommend that the Heathwatch Carers survey is shared with Dementia focussed VSCE organisations, to inform carer support; 3. To recommend that a coherent communication strategy is developed for Dementia support; 4. To recommend that Councillors become more aware of Dementia, and the support available; 	<p>Chris Morley (NHS Devon ICB)</p>	<p>Part Complete:</p> <ol style="list-style-type: none"> 1. A Community Builder for older people has been recruited and is in post; 2. The Healthwatch Carers survey is being finalised and will be shared with Dementia VCSE organisations in Plymouth. this has been delayed due to the elections; 3. The Plymouth Dementia Action Alliance continue to work collaboratively and meet regularly (last meeting in June) to ensure joined-up support and planning for current and future Dementia needs in the City. A communication strategy is under consideration. 4. Councillors were notified of this meeting and have access to recordings of the Dementia presentations. A members briefing session can be organised if required.

24/01/2024	<ol style="list-style-type: none"> 1. To request that future reports contain updates regarding dentistry; 2. To request further information regarding the performance of the III service; 	Chris Morley (NHS Devon ICB)	<p>Part Complete:</p> <ol style="list-style-type: none"> 1. Future NHS Devon reports will contain updates on Dental Performance; 2. NHS Devon have requested a report on III performance, and this will be included in future reports to this Board.
14/09/2023	<ol style="list-style-type: none"> 1. Requested further information regarding the uptake of prescriptions, and how many were never collected; 2. Recommend that the ICB work closely with Primary Care to raise awareness of financial challenges and barriers to accessing healthcare, particularly accentuated by the Cost of Living. 	Chris Morley (NHS Devon ICB)	<p>Complete:</p> <p>The ICB is able to request, from the authority which processes prescriptions, information about any prescription items which were recorded as not-dispensed. However, this would give an under-estimate of non-dispensed items because this is recorded only if one or more prescription items were not dispensed but when these were written on the same prescription as one or more items which were dispensed (as a community pharmacy is required only to submit prescriptions with one or more dispensed items, submitting this for payment).</p> <p>GP practices and pharmacies will have a level of anecdotal information where a person is not, for whatever reason, taking their prescribed medication, gleaned in the course of e.g. medication reviews and this would be recorded as part of the patient record. Community pharmacies will have a sense of the extent of prescription items dispensed but not collected, and they are not able to claim reimbursement for these and the medication (where safe to do so) will be returned to the dispensary shelf. Pharmacies do make attempts to contact people where an item has been dispensed but not collected. Pharmacies also provide information to people about the exemptions and pre-</p>

			<p>payment options available from the NHS in order to support people with costs.</p> <p>There are a number of articles available on the internet e.g. this one from HealthWatch https://www.healthwatch.co.uk/news/2023-01-09/cost-living-people-are-increasingly-avoiding-nhs-appointments-and-prescriptions</p> <p>We've also engaged with Primary Care to discuss/highlight concerns raised along with impact of cost of living pressures and had the following feedback:</p> <p>Most GP practices will have systems/processes in place that a clinician will need to reauthorise medications at the very least 12 monthly – part of this review is whether the patient has had the required monitoring associated with their medicines (bloods, blood pressure), an update with regards to the condition they are being treated for (e.g. mood update if patient is on antidepressant) and importantly are they taking (which is generally clear from the issue history).</p> <p>This is something which is often enquired regarding as part of CQC inspections/assessments. Note 12 months is generally a maximum in terms of time interval for clinical medication review.</p> <p>Ultimately there is no standardised process for what a clinical review entails, but is down to the discretion of the clinician who ultimately hold accountability/professional responsibility for prescribing and would need to be able to justify the rationale behind reauthorising the medication.</p>
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