Briefing note

Date 13 February 2019

To: Health and Social Care Scrutiny Board

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Subject: CRCCG NHS Prescription Ordering Direct Service response to letter dated 20th December 2018

1   Purpose of the Note

1.1   To provide a response to the letter dated 20th December 2018 requesting further information in relation to the NHS Prescription Ordering Direct (POD) service in Coventry on the following: -

- The cost of the Prescribing Ordering Direct service.
- The business case and rationale for the POD.
- Why the business case and rationale were removed from the report received by HOSC on 19th December 2019.
- The number of users each quarter since the service started.
- Whether there have been as increase in the number of NHS 111 calls as a result of POD.
- Whether pharmacies have had to increase the number of emergency prescriptions
- Lessons learnt from the summer.

2   Recommendations

2.1   Health and Social Care Scrutiny Board (5) is asked to consider the content of this report in response to the request for further information in relation to the NHS POD Service.

3   Background

3.1   A briefing was presented to the Health and Social care scrutiny Board on 19th December on the NHS POD Service updating members on the service development, providing an overview of patient feedback received and also outlined the actions taken by the service to address issues raised by patients and/or Healthwatch Coventry.

3.2   This report is to address the specific further questions in the letter of the 20th December 2018.

3.3 Qu. The cost of the NHS POD service

During 2017/18 the cost of the POD service for each patient who could access the service was an annual cost of £7.14 per patient.

The savings achieved exceeded the investment by £1.4million. These savings attribute wholly to reduction in wasted medication as measured using nationally produced prescribing data.

3.4 Qu. The rationale for developing the NHS POD Service

The CCG held a Prescribing Waste Summit in July 2012, which identified the need to target prescribing waste from repeat medications. The Summit was attended by representatives of key stakeholders in Coventry, and an action from the Summit was to ask a Prescribing Waste Working Group made up of representatives of General Practice, community pharmacy, medicines optimisation and patient groups, to consider options to address the concerns about waste. The principle of the POD approach came from this group and the group became the reference group for the POD project which was first tested as a "proof of concept" with 2 GP Practices.

Following a positive proof of concept, the scheme was worked up into a full pilot service working with the original 2 and an extra 10 practices in Coventry. In evaluating the pilot scheme, the following information was obtained,

- further confirmation of the extent of prescribing waste in the system and the potential savings available to the CCG,
- positive satisfaction from the majority of patients using the service and the opportunity to improve medicine optimisation reviews, a recognised quality indicator
- benefits from reduced practice administration.

Table 1 shows a comparison that was used in the evaluation which shows a comparison between a two six month periods in the 2014/15 before the POD and in 2015/16 with the POD in place. It shows a change in the volume of items prescribed and the percentage cost change for England, for the West Midlands, for Practices' using the POD, and for Practices' who were not using the POD.

Table1: POD vs. Comparators

POD vs Comparators - July 15 - Jan 16 vs July 14 - Jan 15		
	Items	**Cost**
Pod Practices	Reduction of 8.6%	Reduction of 8.4%
Non-POD CCG Practices	Reduction of 0.9%	Reduction of 0.4%
West Midlands	Reduction of 0.1%	Increase 1.6%
England	0.0%	Increase 2.6%

Source: ePACT data

From a patient quality perspective, the rationale for developing the NHS POD was also based on patient feedback from a patient survey. The survey indicated that 77% of patients who responded rated the service as excellent. Other quality benefits identified as part of the evaluation included: -

- An assessment of actual patient need.
- The highlighting of medication adherence issues.
- The promotion of medication reviews (and later conducting a review by a clinical pharmacist).

- Improved access and dedicated time to discuss medicines.
- Patient safety through the reduction in stockpiled medication at a patient's home.

In March 2016 there was a waiting list of practices wanting to join the POD as the additional benefits of the service became apparent from the Practices in the pilot. The benefits included: -.

- A reduction in practice administration time thereby freeing up administration time in the surgery, to dedicate to other practice tasks.
- Greater patient involvement in the repeat ordering process.
- Greater scrutiny of other indicators of good medicine optimisation such as regular medication reviews.

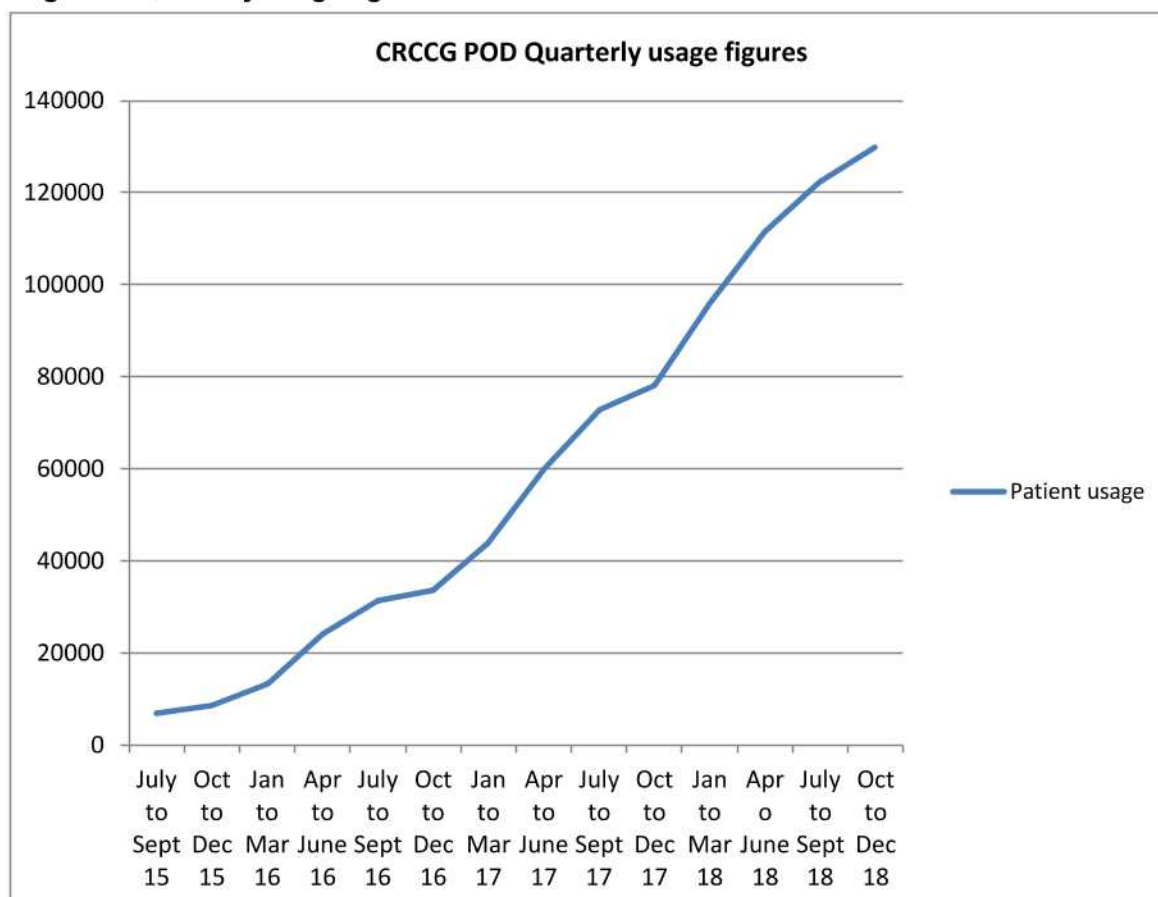3.5 **Qu.The number of users each quarter since the service started in 2015**

Table 2 sets out the utilisation of the service for each quarter since the start of the service.

There has been a steady increase in the number of people accessing the service, as the service, the working hours and the number of Practices' participating in the service have increased. The service in 2017/18 managed c1,800 calls per day.

Table 2: No. of calls to POD each quarter since July 2015

	No. of calls
July to Sept 15	6827
Oct to Dec 15	8651
Jan to Mar 16	13401
Apr to June 16	24143
July to Sept 16	31467
Oct to Dec 16	33661
Jan to Mar 17	44022
Apr to June 17	59981
July to Sept 17	72958
Oct to Dec 17	78076
Jan to Mar 18	96010
Apr to June 18	111631
July to Sept 18	122401
Oct to Dec 18	129856

Figure 1: Quarterly usage figures

CRCCG POD Quarterly usage figures

Legend: Patient usage

X-axis labels:
July to Sept 15 | Oct to Dec 15 | Jan to Mar 16 | Apr to June 16 | July to Sept 16 | Oct to Dec 16 | Jan to Mar 17 | Apr to June 17 | July to Sept 17 | Oct to Dec 17 | Jan to Mar 18 | Apr to June 18 | July to Sept 18 | Oct to Dec 18

3.6 **Qu. Has there been an increase in the number of NHS 111 calls as a result of POD**

At the stage of writing, we have not been able to ascertain whether any increases relate to the POD as data is not this specific, but we are completing further analysis.

3.7 **Qu. Have pharmacies had to increase the number of emergency prescriptions**

The CCG has not received any information to indicate an increase in the number emergency prescriptions issued by community pharmacies. The service does produce monitoring information on the number of requests for urgent prescriptions and the reasons for urgency. Table 3 sets the data out for July to Nov 2018, implementation of some of the measures from lessons learned have reduced the urgent demand from patients not being able to get through in the summer, but there is more to do on patients not aware of the new system.

Table 3: No. of urgent requests received by POD and reason for urgency

Reason for urgency	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Patient couldn't get through to POD	13	7	2	0	0
Patient not aware of the new system	54	83	81	53	35
Patient Mislaid / Lost medication	22	26	19	8	8
Patient had forgotten to order	329	271	316	255	268
TOTAL OF URGENT REQUESTS	**418**	**387**	**418**	**316**	**311**
PERCENTAGE OF URGENT REQUESTS	**1.1%**	**1.0%**	**1.1%**	**0.7%**	**0.7%**

3.8 **Qu. Lessons learnt from the summer.**

The POD service needed to improve the prediction of call volumes when adding new Practices' as the pace of take up of the service when a Practice joins the scheme, has increased. When the POD was initially set up the call volumes increased relatively slowly but since the service has been expanded, the call volumes have increased at a much quicker pace when a practice joins.

In response to this and the feedback from service users who experienced longer waits, the service has made a number of changes and these are as follows: -

Increased pace of recruitment – in the short term to respond within a short timeframe to call volume changes, we are working with an agency who source suitable staff within a very short time-frame so giving flexibility to help meet the call demand. The staff have the same training and induction period as those staff recruited on a permanent basis. The service also ensures there is coverage of trained call handlers to ensure sufficient staff are available to cover sickness and holiday periods. The service have been asked to submit a workforce plan that can be assessed for resilience and ability to flex with the demands of the service.

Patients advised of busiest time and alternatives – Call statistics are provided and analysed on a regular basis so that the number of staff required matches the busiest times. Monday is the busiest day of the week where on average 33% of the whole week's calls are received. Patients are advised of this when they call and/or the service is explained and reminded that there are alternatives (as below), but should they choose to call on a Monday they are may be in a queue.

Improved access – to enable more patients to get through on the telephone when they choose to call, the service is implementing an on-line form that the patient can complete on the CCG website to request the POD service to call them back to take the prescription request. Patients are informed of this if they are held in the queue. We are also investigating the use of a mobile application for prescription requests which enables two way conversations and reminders. Also the ability to text a number to request a call back from POD.

Implementing Repeat dispensing - The CCG fully supports the roll out of Electronic Repeat Dispensing (eRD) and is working with GP clinical leads and the Local Pharmaceutical Committee (LPC) to develop the process for implementing this across the CCG area to ensure the process is clinically safe and appropriately offered to suitable patients. Recruiting patients and processing eRD prescriptions can be effectively managed through the POD service which will in turn reduce the need for applicable patients to call up each month to order their monthly repeat.

Reminders - In response to feedback the service is looking into ways that patients ordering can be supported to result in less urgent calls. In addition to repeat dispensing, from January 2019, appropriate patients will receive the calendar date they need to order their next prescription so that they can put it in their diary as a reminder. In the event of an urgent request, POD service staff will offer to contact the GP practice on behalf of the patient to ensure that the prescription is signed off more quickly. As POD is processing the prescription while the patient is still on the telephone, the prescription may often be signed off by the GP much quicker than if they were ordering by any other method.