

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00**  
**am on Wednesday, 13 February 2019**

Present:

Members: Councillor D Gannon (Chair)  
Councillor J Clifford  
Councillor J Innes  
Councillor D Kershaw  
Councillor R Lakha  
Councillor T Mayer  
Councillor C Miks

Co-Opted Member: David Spurgeon

Other Representatives: Sue Davies, Coventry and Rugby CCG  
Altaz Dhanani, Coventry and Rugby CCG  
Andrea Green, Coventry and Rugby CCG  
Ruth Light, Coventry Healthwatch  
Fiona Lowe, Coventry Local Pharmaceutical Committee  
Dr Sarah Raistrick, Coventry and Rugby CCG  
Danny Roberts, South Warwickshire Foundation Trust

Employees:

V Castree, Place Directorate  
M Greenwood, People Directorate  
L Knight, Resources Directorate

## **Public Business**

### **39. Declarations of Interest**

There were no declarations of interest.

### **40. Minutes**

The minutes of the meeting held on 19<sup>th</sup> December, 2018 were agreed as a true record. There were no matters arising.

### **41. NHS Prescription Ordering Direct Service - Response to Letter Dated 20th December, 2018**

Further to Minute 33/18, the Board considered a joint report of Andrea Green, Sue Davies and Ataz Dhanani, Coventry and Rugby Clinical Commissioning Group (CCG) which provided a response to a letter sent by the Chair, Councillor Gannon requesting further information on the NHS Prescription Ordering Direct (POD) Service. Andrea Green, Sue Davies and Altaz Dhanani attended the meeting for the consideration of this item along with Dr Sarah Raistrick, Coventry and Rugby

CCG, Fiona Lowe, Coventry Local Pharmaceutical Committee and Ruth Light, Healthwatch Coventry.

The report provided additional information on the following issues:

- The cost of the Prescription Ordering Direct service
- The business case and rationale for the POD
- Why the business case and rationale had been removed from the previous report considered at the last Board meeting on 19<sup>th</sup> December, 2019
- The number of users each quarter since the service started
- Whether there had been an increase in the number of NHS 111 calls as a result of the POD
- Whether pharmacies had had to increase the number of emergency prescriptions
- The lessons learnt from the summer.

Members were informed that 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 had exceeded the investment by £1.4m and were achieved by reduction in wasted medication.

The report set out the rationale for introducing the service. The CCG held a Prescribing Waste Summit in July 2012 which identified the need to target waste from repeat medications. A Working Group was subsequently established to consider options to address this and the principle of the POD approach came from this group. The POD project was first tested as a 'proof of concept' with 2 GP practices. This was followed by a full pilot service involving 12 practices. The report detailed the results of the pilot using comparator data. The rationale was also based on patient feedback from a patient survey where 77% of patients who responded rated the service as excellent. Attention was drawn to the fact that 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 report highlighted the gradual increase in the number of users of the service in each quarter since 2015 with the number of calls rising from 6827 to 129856.

Andrea Green reported that evidence just received indicated that any increase in the number of NHS111 calls were not as a result of the POD. Evidence of this would be provided for members in due course

The report indicated that the CCG had not received any information to indicate an increase in the number of emergency prescriptions issued by community pharmacies since the introduction of the POD service. Fiona Lowe informed that the main issues related to requests for emergency prescriptions at weekends and bank holidays which were usually a result of patients not allowing enough time to have their prescriptions processed.

Lessons learnt from the summer 2017 were outlined. The service needed to improve the prediction of call volumes when adding new GP practices since the pace of take up of the service when a practice joined the scheme had increased. This had led to service users experiencing longer waits. In response the service had increased the pace of recruitment; advised patients of the busiest times and

alternatives; improved access; implementing repeat dispensing; and providing reminders.

Dr Sarah Raistrick informed of the benefits of the service to her GP practice, emphasising that the POD service was only one of a number of ways that their patients could obtain prescriptions.

Members raised a number of issues in response to the report and responses were provided, matters raised included:

- Clarification and more information about the costs of the service
- The details about the potential number of service users
- How confident were the representatives that all GP practices provided a number of options for patients to obtain their prescriptions
- What more could be done to ensure that GPs were promoting the POD service but also providing other opportunities for their patients to get their prescriptions
- Concerns about the how the emphasis on partnership working within the new NHS ten year plan would conflict with any compulsory competitive tendering exercise
- Further details about the evidence to support the benefit of the POD service
- The importance of using digital technology
- Concerns about the problems some patients face when using the telephone including 'hard to pronounce' medications
- Concerns about elderly patients who would not be able to use digital services and the importance of engaging with such patients
- A suggestion to hold an amnesty in the city affording residents the opportunity to hand over any unused medicines
- Further details about the future of the service
- Support for the Community Pharmacy Steering Group
- The importance of having a consistent approach about the POD service offer and the importance of appropriate training for all employees including temporary staff.

**RESOLVED that:**

**(1) The contents of the report be noted.**

**(2) The information on the increase in NHS111 calls and the evidence that this is not related to the introduction of the Prescription Ordering Direct service be circulated to Members in due course.**

**(3) The details on patient satisfaction with the service be circulated to Board members.**

**(4) The Board endorse the partnership working being undertaken by Coventry and Rugby CCG and Healthwatch on the coproduction of the future system.**

## 42. **Adult Social Care Digital Improvements**

The Board considered a briefing note and presentation of Mark Greenwood, Head of Business Systems and Continuous Improvement which provided an update on the digital improvements underway across the Adult Social Care service. Information was also provided on the digital work that was being delivered, in collaboration with health partners, to support improvements in integration and efficiency across the Coventry and Warwickshire health and care system. Danny Roberts, South Warwickshire Foundation Trust, attended the meeting for the consideration of this item.

The briefing note indicated that Adult Social Care provided personal support that helped people to live their lives as independently as possible. Over the past two years the service had been seeking ways to improve the support provided through the implementation of digital improvements. These improvements had included:

- The introduction of self-assessment tools and an information directory Social Worker and Occupational Therapists appointment booking system
- Digital customer feedback methods
- Assistive technology opportunities including Brain in Hand and Just Checking
- Enabling access to the adult social care case management system for NHS staff working at UHCW, this access which supports staff when making discharge decisions, improving efficiency and patient support

The latter is an example of the work underway across Coventry and Warwickshire to enhance patient support. As part of the Better Health, Better Care, Better Value programme partners from across health and social care were exploring ways to improve services through the introduction of digital innovations. This work was being overseen by the Digital Transformation Board, a group of practitioners and technology leads.

The work of the Digital Transformation Board included:

- The introduction of Voice Recognition (VR) to support clinicians improve the time it takes to record case notes
- Rollout of remote consultation technology to improve opportunities for patient and clinician interaction
- Promotion of the wider use of the information sharing software, known as Docman
- Development of a shared care record across Coventry and Warwickshire

The Board were informed that the shared care record would introduce a number of improvements that would support patient flow. This included interoperability of systems across organisations; increased opportunity for the public to access information held about them; and greater mobile flexibility for the workforce.

The Board noted that Adult Social Care was continuing to identify digital changes that would improve customer experiences and workforce efficiencies. Initiatives included: improvements to our customer front door by exploring the use of automation, self-service and enhanced connection with third sector agencies; the introduction of pre-paid cards; financial assessment self service; supported self-assessment and self-reviews; housing with care and primary care remote consultations; and voice recognition for social workers. Work was also

commencing on looking at the opportunities to use digital applications to support the delivery of adult social care.

The presentation provided further information on these new initiatives.

Members raised a number of issues in response to the report and responses were provided, matters raised included:

- The importance of staff having the right skills and confidence to be able to use the new technology including appropriate support
- Future developments to help with care needs including the use of robots
- The partnership working with the two local universities on new developments
- Support for the development of a shared care record across Coventry and Warwickshire
- Concerns about the marginalised groups in the city not having access to new technology or the necessary skills to be able to access new systems
- Further information about the complexities of introducing shared records such as data protection.

**RESOLVED that the progress on the use of technology to support Adult Social Care and the further developments planned be noted.**

**43. Work Programme 2018-19 and Outstanding Issues**

The Board considered their work programme for the current municipal year.

**RESOLVED that:**

**(1) The Work Programme be noted, including the Board's invitation to participate in the Coventry Health and Wellbeing Strategy event on 6<sup>th</sup> March, 2019.**

**(2) An item on the 10 Year Plan for the NHS be considered at the Board meeting on 10<sup>th</sup> April, 2019.**

**44. Any other items of Public Business - Recent Visit to UHCW**

The Board discussed their recent visit to University Hospitals Coventry and Warwickshire (UHCW) which took place on the afternoon of 30<sup>th</sup> January, 2019. The Chair, Councillor Gannon indicated that he had already written to the Chief Executive, Andy Hardy, to thank him for his hospitality.

**RESOLVED that:**

**(1) The Board's appreciation of their informative visit to UHCW on 30<sup>th</sup> January to hear about their outstanding services and the innovative work currently being undertaken be noted.**

**(2) The suggestion that the improvement methodologies being used at the hospital be implemented across the wider health economy and partners in the city be endorsed.**

(Meeting closed at 11.55 am)