

# BRIEFING PAPER FOR SCRUTINY BOARD

## 5– Closure of NHS POD (Prescription Ordering Direct) Service

### 1. Recommendations


- 1.1 The Health and Social Care Scrutiny Board (5) are requested to:
  2. Note the contents of the report about the closure of the NHS POD Service
  3. Identify any further recommendations


### 2. Introduction

- 2.1. In December 2023, and after consideration and engagement, the ICB decided to recommend decommissioning of the POD service on the grounds of lack of value for money. Deteriorating performance and operational difficulties were also noted.
- 2.2. The target closure date was set for March 28th, 2024.

### 3. Outcomes

- 3.1 The POD was successfully closed on 28<sup>th</sup> March as planned and the prescription ordering responsibility for approximately 67,000 patients was transferred from the POD to GP practices.
- 3.2 55 staff were ultimately made redundant although the vast majority of staff have been successful in finding alternative employment. A coordinated approach from HR and the managers in the Medicines Optimisation Team ensured that all consultations and redundancy interviews were completed on schedule. A full package of employee support was made available to support staff during this time. Several face-to-face visits to speak with POD staff as a group and individually by the Chief Medical Officer during the closure process.

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- 3.3 A retention bonus initiative that gave staff an additional £3 per hour pay if they stayed until the 28th March was successful at stemming the number of resignations and allowed us to maintain a fully functional service right up until the 28th March.
  - 3.4 A constant presence of management staff in the POD throughout the December to March period was successful at addressing staff concerns and providing some reassurance of support.
  - 3.5 Between January and the end of March all patients that called the POD were coached by the call handlers about the changes and directed towards alternative methods of prescription ordering. All patients emailing or texting the POD received written information about POD closure and alternative methods of prescription ordering.
  - 3.6 Patients that were identified as vulnerable and who felt they would have difficulty changing to a new prescription ordering system were proactively identified by POD staff and their names given to the relevant practices to be contacted for additional support. The POD managers also distributed searches that allowed practices to identify all patients that actively used the POD to allow them to direct their communication.
  - 3.7 There was a near tripling of new uses of the NHS App in Coventry and Warwickshire over the first three months of 2024 which represents the messaging about using online methods for prescription ordering.
  - 3.8 Approximately £250,000 was distributed on a Memorandum of Understanding basis to affected GP practices to support them in making the necessary arrangements to repatriate prescription ordering from POD and to make the necessary communication with patients affected. This was a major factor in facilitating practices to take proactive responsibility for the transition. This total was increased from an initial fund of £200,000 after taking soundings from practices of the actual costs of transition activity and was well received.
  - 3.9 The ICB adopted a light touch approach to how practices/PCNs deployed this funding. The MoU specified only the top-level outcomes of 1) ensuring that patients are informed of the POD closure and the method of ordering after this, 2) putting in place the internal processes required for transition, 3) supporting staff to attend training and 4) ensuring the practice is ready to take over prescription ordering by the end of March. No further reporting was required other than by exception in case practices felt they were in a position that they could not meet their commitments. This allowed practices and PCNs to develop flexible and in some cases innovative solutions.
  - 3.10 The ICB Medicines Optimisations team ran seven training sessions with more than 120 practice staff attending covering prescription ordering, medicines wastage and use of online methods for ordering such as the NHS App.

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- 3.11 An assurance exercise in March confirmed that 97% of practices that responded were confident that they were able to safely take over prescription ordering. Six practices were offered additional support in making the transition which was provided by the Medicines Optimisation Team.
  - 3.12 Specific communication about the POD closure was regularly sent out via the usual channels. Several local newspapers and radio stations picked up our messaging. Communications regarding POD and the NHS app were included as part of the wider winter campaign.

#### **4. Post Closure Assessment**

- 4.1. We continued to monitor the number of calls to the POD phone line after closure. Whilst there were continued call attempts to the POD phone line this was analysed as being less than 5% of the pre-closure call attempts and had steadily fallen since closure. By the end of the first week in May 2024, no calls were being made to the POD line. The old email inbox was also monitored but email traffic had fallen to single figures by the end of April. All attempts to phone or email are responded to by automated messages directing patients to their usual General Practice. The ICB continued to monitor for three months post closure and at which point the decision was made to close the phone line and email address permanently since the volume of contacts had fallen to a negligible level.
- 4.2. The ICB have received no official complaints via the contactus inbox or the complaints inbox or reports of patients being unable to order their prescriptions.
- 4.3 Affected GP practices initially noted increased call volumes and workload through the first couple of weeks of April although none have reported being unable to manage these responsibilities. This activity reduced significantly by the end of April as systems bedded down and we have received no further escalation from practices since the POD closure.
- 4.4 To support GP practices, the Medicines Optimisation Team developed a repeat prescribing toolkit for primary care use to improve repeat prescribing processes, patient care and reduce medicines waste in primary care and has been disseminated to all practices within Coventry & Warwickshire.



## 5. **Conclusions**

- 5.1 The POD service was closed successfully, on schedule and without any reported adverse impact on patient safety.
- 5.2 All the available evidence points towards a successful and smooth transition of prescription ordering responsibility for c 67,000 patients from the POD to GP practices.

**End of Report**