

## **Healthwatch Coventry feedback on Prescription Ordering Direct (POD)**

### **Introduction**

Coventry and Rugby CCG has set this up as a pilot operating for the patients of 2 Coventry GP practices in order to manage repeat prescription ordering for electronic prescriptions. This is by means of a phone line operating between the hours of 10 am and 2 pm Monday to Friday which patients can ring in order to reorder their medication.

This is being tested in order to address issues within the electronic prescription ordering systems, which seemingly give a perverse incentive to community pharmacy. On the one hand pharmacies should be managing the repeat prescription ordering process but on the other they gain income based on the number of items dispensed. The CCG report that patients are receiving medication, which they did not need (because it had not yet run out) and that patients feel they could not stop it coming to them through pharmacy delivery.

The Chair and Chief Officer of Healthwatch Coventry met with the CCG officers who are running the pilot and observed the team taking the calls.

As a result Healthwatch Coventry has produced the following comments and recommendations.

### **Healthwatch Coventry comments**

#### **1. Communication with and choice for patients**

We raised concerns that because the service is being seen as something provided by the CCG for the GP practices this is likely to result in inconsistent implementation and communication with patients. Healthwatch believes it is vital that the needs and choices of different patients are accommodated within any prescription ordering system operated by GP practices.

Therefore there needs to be consideration about how a consistent message regarding POD can be given. This must make it clear that for patients for whom this system would not be suitable (eg hearing impaired; people with little spoken English, people unable to phone during the operating hours etc) can use an alternative way to re-order their medication via the GP practice.

The current POD flier does not make it clear that the service is optional for patients and information from GP practices themselves has varied and not necessarily been accurate.

There is already a lack of clarity amongst the public about repeat prescription ordering systems/processes, which has not been helped by misinformation about electronic prescriptions from some providers.

The contacts from the public Healthwatch has received regarding POD have been concerns about removal of choice and an issue with the opening times of the phone line not being convenient.

## **2. Scaling up the pilot**

From our observations and conversations with the three operatives running the phone line on the day we visited Healthwatch observes the following:

- The service in its current form did not appear to be scalable because the IT was slow in terms of changing between the electronic records systems of the 2 GP practices resulting in the client being on the phone for longer than was desirable. Also the call volume to staffing ratio seemed to be an issue - a significant level of staffing would be required to cope with demand at the busiest times if more GP practices were in the Scheme
- We did not hear callers being asked questions which were aimed at managing the number of prescription items ordered or their medication

## **3. Timing**

We asked questions about at what point people are allowed to make their repeat prescription request. We raised concerns about whether sufficient time is being allowed and whether patients might experience issues with medication availability due to shortages and challenges around the availability of medications which seem to occur regularly in the system. We were not completely assured on this point. POD is adding another stage into the process as repeat prescriptions need to be approved by the GP practice after the client has spoken to POD. Then the request will go to the pharmacy.

## **4. Saving money from prescribing budget**

The CCG shared figures to indicate that prescribing budget savings had resulted from the trial. Reducing wasted medication and therefore reducing costs to the NHS is important.

## **Recommendations for action**

Healthwatch puts forward the following to provide further clarity and to address the interests of patients:

1. There should be a clear framework of expectations which GP practices sign up to when enrolling in POD. This must set out how practices should ensure that they provide choices for patients about how they can re-order repeat medication; and require relevant provision for patients with particular needs (eg hearing impairment; not speaking English). This should supported

by centrally produced, consistent information resources for patients and practice staff explaining POD. This will avoid a patchwork of different information being produced by GP practices.

2. More work is needed to ensure that this pilot is scalable and the running costs need to be clear. IT systems must work in a way which makes the service efficient and there must not be long waits to load computer records.
3. Further consideration should be given to issues of timing around the ordering and collection of medication to ensure that issues with medication availability are accommodated and taking into account feedback from patients and pharmacists.
4. In order to demonstrate the financial impact further detail is required; including the cost of running the service and consideration of if the reduction in prescribing costs of GP practices involved in POD may be natural variation or a result of other initiatives. This could be displayed by more data covering a longer period of time and comparisons with GP practices not in the scheme.