

Prescription Ordering Direct

Healthwatch Coventry comments and questions in response to the ICB review of Prescription Ordering Direct (POD)

Introduction

Healthwatch Coventry is the champion for local people in NHS and social care services.

Healthwatch Coventry worked to raise public/patient concerns regarding the operation of POD when it was set up. We worked for a better customer experience and routes to raise problems with POD. We have continued to receive contacts and feedback from local people about their experiences of POD over the years.

Based on what people have told us we agree that the customer experience from POD is often not very good and from the ICB paper we can see the service is costing a lot of money. For many POD has been an extra step in the process of ordering medication and people report instances where they were not able to get their medication before their current supply had run out.

However due the length of time POD has been operating and its coverage of most local GP practices, this service is now embedded as the route for many people to re-order their medication, so any change needs careful management. The ICB must avoid contributing to health inequalities and disadvantaging local people who rely on a phone-based approach or have family members/informal carers with authority to order on their behalf.

How we have formulated this response

We held a discussion at the Healthwatch Coventry Steering Group to consider the issues and mitigation and raise questions.

We also looked through our intelligence logs to collate issues people have told us about regarding obtaining medication.

Healthwatch comments and questions

1. Relatives who order on behalf of others

POD has established mechanisms that enable patients to designate a relative with permission to re-order on their behalf. This is important support for vulnerable people to get their medication.

How will this be possible consistently when prescription re-ordering returns to individual GP practices?

We do not want relatives to have unnecessary barriers to helping. Currently in the NHS APP others can only act for family members if registered at the same GP practice and many will not be.

Lots of different rules or problems at individual practice level would be unhelpful.

2. NHS App

Two people at the Steering Group meeting did not have the facility to order repeat prescriptions through the NHS App – they got a message in the App saying this was not enabled and to speak to the GP practice.

How many people in Coventry are also in this situation, how can it be rectified and how long will this take?

If people don't have access to this function, then they will not be able to switch to ordering through the App.

3. Importance of a phone route for some

Some people will not be able to use the NHS App, email or paper-based re-ordering processes due to their personal circumstances, disability, or frailty. So, it is a concern that there are indications that there isn't a requirement for GP practices to provide a phone route.

Before POD closes work is needed to ensure a phone route is in place for those who need it. The ICB should seek to understand the number of people that need to use the phone for re-ordering by asking those currently using the POD line a series of questions when they re-order their medication.

Healthwatch hears feedback about the different experiences people have of phone access to GP practices in Coventry. Some struggle to get through due to the busyness of the phone lines. A solution is needed for this.

4. Capacity

Capacity within GP practices to provide a responsive service may be an issue for some. For example, where the practices share a clinical pharmacist who provides relatively few hours a week to a given practice.

There are now fewer pharmacies in Coventry than prior to POD and there has been a reduction in opening hours. This limits pharmacies' ability to support people with medication and ordering medication.

Drivers to delivery medication from pharmacies are usually only available on certain days of the week so repeat ordering needs to sync with this to avoid medication gaps.

5. Review and co-ordination of medication

POD has provided support to GP practices and patients with ensuring that the flow of different medications is co-ordinated, so that different items do not come up for repeat and need to be processed at different times. This is important as it can be confusing for patients, causes an extra administrative burden and takes more resource in pharmacies to process multiple separate requests for the same person.

As this was an issue prior to POD – what will be put in place to make sure that medications are grouped for people and pharmacies?

6. Electronic repeat dispensing

This is a development whereby GPs or other prescribers authorise and issue a batch of repeat prescriptions for up to 12 months with just one digital signature. Prescriptions are automatically downloaded to the patient's nominated community pharmacy at intervals set by the prescriber, so that the repeat prescription does not have to be ordered by the patient monthly.

This is a helpful development for patients as it reduces the need to request medication every month, but we hear feedback that it is not being consistently used by GP practices. Some people who would fit the criteria have not been moved to this system. People may also have several repeat medications, with some falling within electronic repeat dispensing and some not.

Work is needed to ensure better local implementation of Electronic Repeat Dispensing.

7. Consistency

A benefit of POD is a consistent approach and clear message to local people about how to re-order their medication through POD. If this is replaced by different approaches by individual GP practices this is harder to communicate to local people.

8. Other questions

Care Homes

Is there an impact on care homes? If so, is this understood?

POD staff

What will happen to the current POD staff?

9. Making an effective change

Healthwatch would like to see a seamless transition and consider the following to be important aspects to this:

- The ICB getting agreement of clear approach with GP practices/PCNs rather than lots of different approaches by individual GP practices.
- A realistic phased transition period
- A phone route for re-ordering for those who need it
- Mechanisms for those who re-order on behalf of someone else are agreed
- Putting in place a clear escalation route for local people who have issues related to access to medication, which people or those helping them can use when they are not able to resolve issues with GP practices
- Clear, accessible communication of the change so it is not a surprise or worry for people.

Understanding more about those who may be disadvantaged

The paper does not include information about the users of POD and Healthwatch believes the ICB needs to find out more about how many people may be impacted by asking people when they contact POD over the next few weeks, questions such as:

- a) Are you ordering this medication on behalf of yourself or someone else eg a relative?
- b) If there was no phone route to re-order your medication, would you be able to
 - Order it using the NHS app
 - Order it by going to your GP practice

- Order it by email
- c) How easy do you find it to get through to your GP practice on the phone?
- d) Overall since you have used POD to order medication has this been easier or harder than how you ordered it before?

[Ends]