

PACESETTER SCHEMES 2018-19

Health Board	Abertawe Bro Morgannwg University Health Board
Pacesetter Title	Repeat Prescription Direct Ordering POD <i>(6m funding in 2018/19 to facilitate full data collection, evaluation and pending successful outcome, development of business case for core funding from savings realised)</i>
Context: what is the current evidence and how does this project add value?	<p>In 2015/16, over £79m prescriptions were issued from GP practices in Wales at a cost of £593m, showing an increase of 39% over the last 10 years. It is estimated that around 80% of these are repeat prescriptions.</p> <p>GP practice staff processing repeat prescription requests are not consistently trained to undertake the task and often carry out a range of other activities as part of their role. As prescription volumes grow, processing repeat prescriptions consumes an increasing proportion of practice resource with a potential impact on practice sustainability, detracting from other activities and reducing the quality and control of repeat prescribing. Repeat prescribing systems differ between and within practices, with some allowing community pharmacies to instigate 'managed repeat' ordering systems where pharmacies take responsibility for receiving requests from patients and placing prescription orders on their behalf. The combination of inadequate practice systems and ordering by community pharmacies can result in significant medicines waste (estimated at £300 million pa across the UK).</p> <p>Patients have also tended to become more disengaged with the process, as a result it is common to see items repeatedly ordered whether or not they are needed or appropriate. This can lead to stockpiling, significant waste and confusion, which can reduce patient safety and efficiency. Where patients are better engaged in ordering their medicines, a focus is maintained on regular review and waste reduction and significant savings can be achieved. The Prescription Ordering Direct (POD) hub-style pilots ongoing in a number of Clinical Commissioning Groups (CCGs) in England have demonstrated this. For example, Coventry & Rugby CCG has significantly reduced the numbers of items being dispensed as well as prescription costs, with annual item growth at -7% vs a national trend of +4.6% across England.</p>

	<p>The scheme will provide 6m continued funding in 2018/19 to an ABMU Pacesetter that was establishment in October 2017/18 (<i>6m funding 2017/18 financial year as pacesetter funding was 'churned' from inception pacesetter schemes following national evaluation</i>). The Repeat Prescription Ordering Direct Service (POD) Pacesetter is set within the East Cluster in Bridgend and requires a further 6m pacesetter funding to maintain the staffing provision whilst a sufficient suite of data is collected to support the full service evaluation.</p> <p>The POD is a call centre located within the Glanrhyd Hospital site. The POD offers a telephone ordering service for the patients of five practices from within the East Cluster of Bridgend.</p> <p>The first practice started to use the hub on October 23rd 2017 with subsequent practices joining in weekly intervals until the last two practices started on 27th November. However due to the length of repeat prescriptions and ordering cycles (e.g. 56-day prescriptions and Christmas advance ordering) (as at January 2018) many patients will not have yet needed to access the service.</p> <p>Call numbers increased on a weekly basis and the team are now dealing with an average of 400 calls a week (December and January figures). Since inception, over 8,400 repeat prescriptions have been dealt with by the POD, however the service is still in the early stages. The goal of the service is to process at least 50% of all repeat prescriptions for the five practices (currently dealing with 8-22% of repeat prescriptions from the various practices). Further engagement with GPs, community pharmacies and patients is required to meet this target.</p> <p>In order to undertake a useful pilot and assessment, six-month's prescribing data is required and evaluation should begin once the service is running at full capacity.</p> <p>The set-up costs of the service (IT hardware, software, licenses, and equipment) have been paid from the 2017/18 pacesetter grant. The scheme requires 6m further pacesetter funding in 2018/19 to cover the POD staffing costs whilst the data collection and initial service evaluation is completed, and pending evaluation, a business case is developed for ongoing re-current funding from the Health Board secured from prescribing savings / practice contributions.</p>
Aims of project	<p>The intention of this 6m funded pacesetter is:</p> <ul style="list-style-type: none"> • To maintain the Repeat Prescription Ordering Direct Service (POD) in the East Cluster, Bridgend to provide sufficient running time for the data collection and evaluation;

	<ul style="list-style-type: none"> • to show that prescribing budget efficiencies and improvements to clinical care can be made with a level of upfront investment from the introduction of a new model for ordering repeat prescriptions; • to introduce a new role within the Cluster MDT workforce to support service sustainability and patient access / satisfaction – Band 3 Repeat Prescription Ordering Direct Call Handlers (a new role in NHS Wales), the development of this roll within clusters provides a prudent approach to workforce diversification and brings a new skill set and workforce into primary care • to support GMS sustainability by removing repeat prescription reauthorisation requests work away from general practice into an alternative cluster based call centre environment, freeing up more clinical and administrative capacity within the practice and releasing phone lines into the practice for direct patient care • to improve patient access, safety and experience by ensuring an actual and informed conversation occurs between the patient and the call handler for each repeat prescription reauthorisation request so medication checks are completed and the patient has the opportunity to query aspects of the prescription (the call handlers are supported by onsite Band 6 Pharmacy Technicians and Band 8 Medicines Management Pharmacists). <p>The is scope to extend the breadth of the project to include health promotion / prevention messages being passed during the conversation via MECC conversations – reminders on Flu and Shingles inoculations and signposting for smoking cessation etc.</p> <p>The is also scope to extend the infrastructure of the established POD call centre to support the delivery of other cluster based services and initiatives, for example, to provide a booking line or administrative centre for Hub / community treatment centre working.</p> <p>The decision to roll out the service across the Health Board will be taken following full evaluation of the pilot and a cost benefit analysis within the welsh context.</p>
Allocation	£100,000 for 2018/19 (6m funding)
Start date of project	1 st April 2018

<p>Alignment with Emerging Model</p>	<p>The Prescription Ordering Direct service provides an additional method for patients to order their repeat prescriptions. Patients telephone a single number and order their prescription with a non-clinical, trained call handler. The call handler consistently delivers a structured intervention which checks which items were required during a 5 minute (approximate) telephone call, before generating the prescription. This allows sufficient time to establish exactly what the patient requires.</p> <p>Once complete, the prescription is generated in the POD and printed for signing within each GP practice. The call handlers are fully trained and managed by Medicines Management Technicians and Pharmacists ensuring a consistent approach to the management of repeat prescriptions.</p> <p>.</p>
<p>Potential to demonstrate financial redesign / resource shift</p>	<p>Based on the results demonstrated in other organisations, the reduction in prescribing spend by Bridgend East Cluster could be approximately £800k per annum once the scheme is fully operational. <i>(Annual prescribing spend for the cluster in 2015/16 was ~ £8.46m; estimating 10% savings from other schemes when fully operational).</i></p> <p>The POD will also transfer a significant amount of work away from the General Practice into an alternative setting thereby supporting Practice Sustainability – once this volume of work transfer has been identified, the opportunity cost can be calculated with a view to recurrent funding for the POD being a mix of Health Board prescribing savings and Practice savings in a ratio proportionate to where the benefits are being realised.</p> <p>In addition, if the opportunity for repeat Authorisation requests via Community Pharmacists is stopped this will also result in a transfer of work / change in pathway from within community pharmacy, again releasing pharmacy time to deliver other aspects of the primary care agenda to support whole system sustainability and prudent delivery.</p> <p>Options will also be explored within the call centre POD to take on new / additional work to relieve pressure across the healthcare system – which might result in the transfer of work from secondary care or from community services into the call handling POD, eg, booking lines, urgent dental access booking system etc.</p>

Dates for submission of Business Plan and Delivery agreements	In place, scheme will go live from day 1; data collection and evaluation framework in place
Status within: HB strategy IMTP process Cluster Action Plans	<p>Included the Bridgend East Cluster plan. Representatives from each of the five practices in the East Cluster are key members of the POD project group.</p> <p>Pilot included in the Chief Pharmacist Improvement Programme (reporting to Chief Executives National Improvement Programme for Wales).</p> <p>Included in ABM Primary and Community Services Strategy 2017/2022 as a potential integrated part of the transformation of primary care services to improve patient safety, care, access and to support service sustainability</p> <p>There is keen interest from other clusters within the Health Board to pilot the POD across their cluster area to support practice sustainability – options include within the existing POD (for maximum efficiency) or to pump prime new call centre locations via prescribing savings generated in the East POD</p>
Timescales for each stage of project, with rationale	<p>6m funding in 2018/19</p> <p>April 2018 - scheme fully operational & running at capacity (50% of repeat prescriptions being processed by hub)</p> <p>Monthly April-September 2018 – ongoing monthly data collection</p> <p>June-August 2018 interim service evaluation using 6m prescribing and savings data from (Jan-June data)</p> <p>September 2018 – East Cluster and Health Board consider interim evaluation and agree next steps; pacesetter funding finishes</p>
Evaluation methodology and measures to be used	<p>Evaluation methodology and framework in place; approved in pacesetter programme 2017/18:</p> <ul style="list-style-type: none"> • Reduction in prescribing spend by Bridgend East Cluster from 2017/18 baseline • % of total repeat prescriptions processed by POD, with additional measures: <ul style="list-style-type: none"> ○ Repeat items & quantities rationalised/ reduced/ removed. ○ Cost effective substitutions made by MM technicians (after agreement with practices)

	<p>[Aiming for 50% of total repeat prescriptions processed by hub. Processed ~8000 repeat prescriptions; ~600 being processed by hub each week (between 8-22% of all repeat prescriptions for practices) with ~250/ month repeat items rationalised/reduced after POD]</p> <ul style="list-style-type: none"> Numbers of medicines queries dealt with by POD instead of being passed back to GP practice [Aiming for 50% of queries dealt with by POD instead of being passed back to GP practice. Currently running at 23% but will increase with confidence and competence of hub staff and further involvement of clinical pharmacists from MM team] Qualitative service user satisfaction surveys and practice surveys - Positive comments have already been received about the service. Patients enjoy the direct contact will call handlers, being able to have a conversation about their medication. Queries can also be answered if appropriate. Patient engagement is key with patients wanting to take ownership of their medication.
Project support available	<p>Project Manager (Pharmacist) - Amy Jayham Lead Technician- Elizabeth Hutchinson WG outcomes evaluation support via opportunities costing workshop</p>
Describe anticipated impact on health inequalities	<p>The prescription ordering service would provide an additional method for patients to order their repeat prescriptions. Studies suggest that re-engaging patients in ordering their own prescription and limiting third party requests can significantly reduce waste and costs of 7-8% of the prescribing budget, as well as creating opportunities for other quality interventions. Alternative contact methods have been put in place with the GP practices for individuals who would find telephone communication challenging, for example, people with a hearing impairment or a dementia, an equality impact assessment on the service has been undertaken. Consideration has also been given to the affordability of the phone call with an option of a free phone number considered, but discounted at this stage of the pilot service; this is something that can be considered further in the future.</p>
Potential for rollout at scale, with indication of costs and workforce	<p>If evaluation is positive and expected benefits are delivered after 6-month full evaluation, scheme can be rolled out on cluster by cluster basis across Bridgend locality in the first instance and then / simultaneously rolled out to the eight other clusters across NPT and Swansea. The business case</p>

implications	<p>will determine the number of POD call centres required (1 for the whole HB area / 11 clusters or more than one to align with the emerging MDT Hubs building on the Neath Hub pacesetter.</p> <p>Investment will be required in for the estate / infrastructure and the additional call handlers (approximately 8 additional staff for Bridgend (phase 1) and further IT equipment.</p>
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