

Innovation in prescription ordering for patients in Sheffield

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Introduced in April 2016, the Sheffield NHS Prescription Order Line (POL) is centred on a repeat prescription telephone ordering service, available to patients Monday to Friday, 9am to 3pm, staffed by Medicines Management Technicians (MMTechs) and a new role introduced at Sheffield CCG – Medicine Management Support Assistants (MMSAs). The POL also links with the wider Medicines Management Team (MMT) allowing for quality interventions to be maximised.

Aims

To reduce medicines waste and support patients to get the best outcomes from their medicines

Objectives

- Increase the optimisation and safety of medicines prescribed whilst ensuring all items ordered are actually required
- Continuously improve services and outcomes of patients across Sheffield
- Reduce the number of items prescribed

Method

The multi-disciplinary POL team is technician led and includes MMTechs and MMSAs equating to 6.5 whole time equivalent staff.

A comprehensive induction and training package was introduced, including training to practice staff, to fully support implementation of the service.

POL staff review the patient's repeat medication screen following an algorithm, checking whether:

- the medication is due to be ordered
- the request is appropriate
- synchronisation is required
- the issue duration is correct for the prescription type e.g. acute or repeat
- the medication is due for review

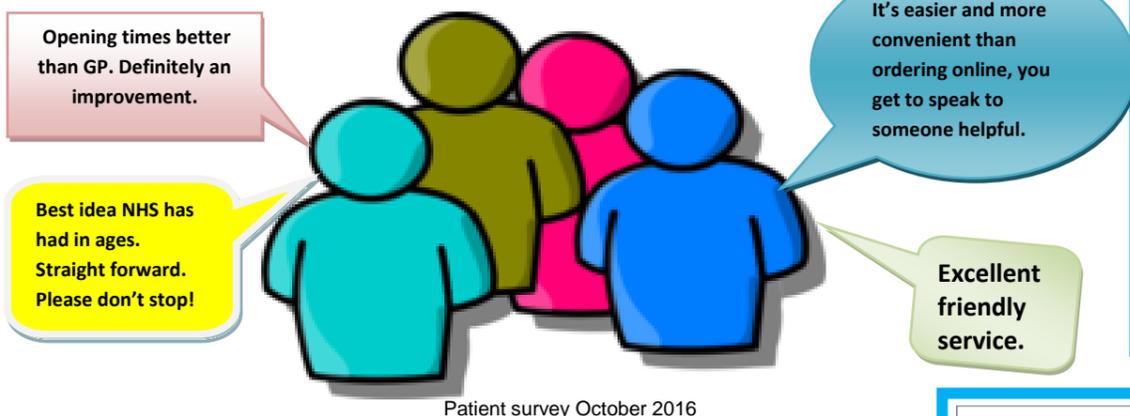
Medicines related interventions are recorded on a database allowing quality aspects of the service to be documented and reviewed.

The POL team support other medicine management initiatives:

- Supporting and educating patients whose medicines are being switched
- Referring inappropriate prescribing to practice based MMT
- Supporting patients in medicines optimisation
- Identifying complex clinical issues (dependent on knowledge and limitations of operator)

Results

- Steady fall in prescribed items and associated cost- see graph
- Establishing a new and sustainable role of MMSA within the MMT
- Utilising bespoke database to capture POL interventions enabling reporting of qualitative data concerning the number and impact of interventions
- Introduction of support to care home ordering
- Reported high patient satisfaction within the service
- Working in partnership with GP practices and local pharmacies
- 3325 patient referred to GP for review. This equates to an average of 358 patients per practice
- 655 EPSR2 "pharmacy nominations" added following patient request
- Supporting patients, GPs and pharmacies making the prescribing and dispensing process more efficient and convenient
- Recorded 13 significant clinical interventions resulting in hospital admissions avoidance examples include:
 - Patient stated was reducing his own Ramipril due to feeling breathless and dizzy. Patient referred to GP as had series high BP readings and outcome was patient monitored and drugs amended to suit needs.
 - 83 year old patient, recently started on Apixaban; previously was taking warfarin but hospitalised for PE - both on repeat; Discussed with patient - warfarin removed from repeat to avoid ordering.



Patient survey October 2016

Discussion

Practices joined pol in a phased manner, results have highlight the impact of practice engagement and changes in prescribing trends, illustrated in graph as a positive reduction in items ordered and spend across the 9 practices.

The POL is now an established service with plans for expansion on a neighbourhood¹ basis, allowing access for up to 130,000 patients across Sheffield. The service has continued to develop and evolve.

Through learning from previous practices joining the service a set of criteria for practice participation has been developed in order to minimise challenges and barriers experienced when originally setting up the service. This includes significant pre-implementation work for surgeries.

QIPP

The POL sits within the MMT QIPP² agenda

Quality

- Greater accuracy of prescriptions generated i.e. only items required by patient are ordered;

Innovation

- New model to maximise benefits from direct patient contact concerning their medicines

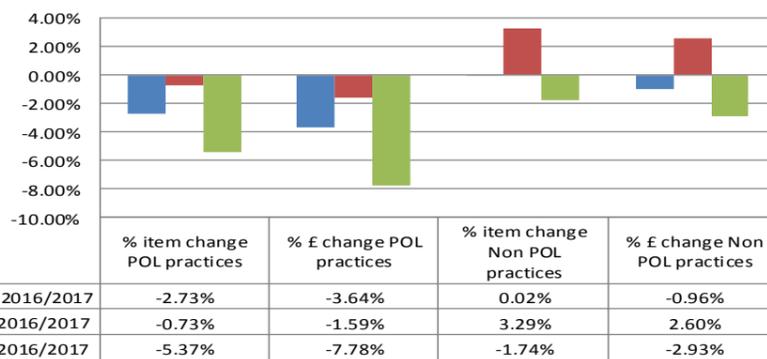
Productivity

- Reduction of medicines waste and prescribing costs via reduction in prescribing volume
- Reduction in general practice repeat prescription workload.

Prevention

- Over ordering of medicines by third parties

% Change in Items and Cost of POL and Non POL Practices Compared to Qtr 1 2016/17



Acknowledgement and credit goes to the many members of the Sheffield CCG MMT who have contributed to the success of the POL and their input into the production of this poster.

References

1. <http://www.sheffieldccg.nhs.uk/our-projects/neighbourhoods.htm>
2. Equality and Excellence: Liberating the NHS July 2010 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf

