

Derbyshire Dialogue

22 July 2021 11:00 – 12:00

The session was led by:

Kate Needham - Assistant Director of Medicines Optimisation and Delivery at NHS Derby and Derbyshire Clinical Commissioning Group

Mark Jones - Repeat Prescribing Business Manager at NHS Derby and Derbyshire Clinical Commissioning Group

Tracey Mousley - Medicines Optimisation Technician, Repeat Prescribing Project

Linda Hough - Medicines Optimisation Technician, Repeat Prescribing Project

The session was facilitated by:

Katy Hyde – Involvement Manager

Miriam Doherty – Communications and Involvement Officer

Lee Mellor – Communications and Involvement Specialist

During this session we explored:

- A brief introduction to the Medicines Management Team and their primary focus
- The Medicines Order Line **and** alternative ways of ordering your repeat medications

The full session recording and slides presented can be found here on our website:

[Derbyshire Dialogue :: Joined Up Care Derbyshire](#)

This Question and Answer document has been put together to capture any outstanding questions that had been raised during the session and didn't get directly answered due to lack of time.

If there are any further points you wish to raise or questions you want to ask, please contact us on our enquiries email referencing the Derbyshire Dialogue ICS session:

DDCCG.Enquiries@nhs.net

- 1. Question:** What if you need more medicines to cover going on a longer holiday?

Answer: The Medicines Order Line will send information related to your prescription request to your GP practice for a clinician to consider your individual circumstances including the length of holiday, and what medicines you are prescribed.

- 2. Question:** Do you capture any data on the service users of the Medicines Order Line and if so - what is the age demographic split of those that use the MOL?

Answer: The MOL captures information on call volume, not demographic information.

- 3. Question:** Will the move to using the NHS App potentially undermine future savings by the MOL team?

Answer: We are encouraging patients that can order via alternative methods to utilise those methods, which will leave capacity to support patients via a telephone service that require this. We have approached NHS Digital to see whether there is a collaborative approach that the Repeat Prescribing Project could tie in to.

NHS app for smart mobiles: www.nhs.uk/nhs-app

or NHS online for desktop computers: www.nhs.uk/nhs-services/prescriptions-and-pharmacies/the-nhs-website-repeat-prescription-ordering-service

- 4. Question:** How much does it cost to run the MOL service and is this accounted for in the quoted savings since implementing the MOL?

Answer: The approved Project Initiation Document (PID) for 2021/22 shows costs of £2,288,387. This is what it would cost to run the service when fully staffed etc.

For information - Our latest costs projection for this year shows £2,052,834. So, we are due to spend less than planned this year, mainly because we have not recruited as quickly as planned and more of the staff are on the bottom of banding as new starters.

The costs are accounted for because the savings that are generated by the service more than cover the costs of running the service. The planned savings for 2021/22 are £4,765,025.

- 5. Question:** Could emails with prescription details sent to the MOL be processed without the call back always being required? Or do they have to call the patient back each time?

Answer: We are currently working with our Information Governance Team and looking at various options, as we can only currently receive sufficient information from patients to enable us to call them back to process an order, and cannot receive the prescription details that they require, therefore currently we do need to call each patient back. When an email is sent to the MOL from a patient, we cannot verify the identity of that patient therefore a call back to check the patients' three identifiers (name, date of birth and address) is required.

- 6. Question:** If a call back isn't required then why is the following not included in the email process; What medication you require, dates and times you are available.

Answer: This is due to our Information Governance constraints related to data security, we are working on options to enable this in the future. This is to minimise the possibility of misuse and the risk of over prescribing.

- 7. Question:** How likely is it that the reduction in prescriptions will lead to some pharmacy closures?

Answer: We have worked closely with our Local Pharmaceutical Committee and pharmacy colleagues on this service. The service aims to reduce inappropriate, unwanted prescriptions that are issued to patients which improves patient safety and reduces waste medicines.

The feedback from community pharmacists has been positive, that it has saved significant pharmacy staff time, which helps support pharmacy services. Community pharmacies now offer many additional clinical services to patients and the public to help them use medicines safely and effectively such as when new medicines are prescribed or when patients are discharged home from hospital and have had changes to their medicines. They also provide consultations on minor illnesses. More efficient prescription processes enables their time to be better used.

- 8. Question:** Is it possible to have number of days of medicines in a box standardised as can be confusing with some 28 days and others 30 days?

Answer: This would require national / international resolution due to medicines packaging.

9. Question: Will prescriptions ordered from the MOL team or NHS App still be forwarded to a nominated pharmacy for delivery/ collection?

Answer: The prescriptions will be sent to the patients nominated pharmacy. Patients can change their nominated pharmacy at any time e.g. for a one off occasion when on holiday, or due to patient choice.

10. Question: How do you approach GP surgeries to join the MOL & do you have Surgeries you wish to target?

Answer: We have offered the MOL to all eligible practices in Derbyshire (they must have electronic prescribing system enabled to be eligible), we have a rollout plan in place to bring all eligible interested practices on to the MOL aiming for spring 2022.