

## Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel – Monday 9 October 2023

### BSW ICB Prescriptions Ordering Direct – proposals for the future

BSW ICB has developed a proposal for an organisational change to stop BSW ICB's Prescriptions Ordering Direct (POD) in its current form and look at potential options for the future of repeat prescribing. We look forward to engaging with members on the proposal over the coming weeks.

#### Background and context

- Primary care is one of the most dynamic and innovative parts of the health service and ensuring our busy primary care system across BSW is supported and resourced fairly and equitably is an important focus for BSW ICB.
- Alongside this, we need to make sure we use funding in a way that gives the people we serve the best experience, outcomes, and value for money, and that enables all our GP practices to make it easier and quicker for patients to get the help they need from primary care.
- Following an initial high-level review by the BSW ICB executive management, an organisational change is being proposed to stop Prescriptions Ordering Direct (POD) in its current form, for POD practices and POD care home support.

#### Why is this being considered now?

- A key aim for integrated care systems is equity and it is important that the ICB act fairly and equitably across all partners. For some time, we have been aware that POD is not offered equitably across BSW.
- The context has also changed since POD was first launched in 2017. One of the ambitions set out in the national *Delivery plan for recovering access to primary care* is to enable patients in over 90% of practices to order repeat prescriptions using the NHS App by March 2024. ICBs are being asked to promote use of the NHS App to BSW practices through a communications toolkit [Ordering repeat prescriptions in the NHS App \(promotional pack\) - NHS Digital](#).
- We have looked at scaling POD across the system, however it is clear that the levels of necessary financial support required would not be achievable.

Other POD services have now closed or are in the process of closing across England for very similar reasons.

### **Other options being considered**

- We want to look at alternative options to facilitate repeat prescribing, taking into account the rise of digital solutions to help patients order repeat medication and with practices and community pharmacists playing increasingly important roles in helping patients understand and get the best from their medicines.
- Any new approach would need to be equitable, cost neutral and demonstrate positive outcomes for practices and patients.

### **Engaging with stakeholders**

- We are now actively engaging with our staff ahead of a formal consultation on potential changes to POD. During this period, we would like to offer you and elected members with a role and interest in health services a meeting to discuss the proposal in more detail if helpful.. Our engagement period will run up until 2<sup>nd</sup> November inclusive.
- We have written to all practices across BSW, to get their views as to how this proposal will affect them and their patients and to hear about potential options for the future. We are also planning engagement activity with patients affected by the proposals and would appreciate your advice and counsel on our proposed engagement with patients and the wider community.
- After the engagement period and our consultation with staff, we will consider all comments received from our colleagues, yourselves and other stakeholders and will decide on the way forward. We will also feedback to you the outcome of the consultation and engagement process once we have gathered all the information we need.

### **The BSW Primary and Community Care Delivery Plan (PCCDP)**

The BSW ICB Board has approved a Primary and Community Care Delivery Plan (PCCDP) for BSW.

The PCCDP builds on existing BSW strategies, including the BSW Together Integrated Care Strategy and Implementation Plan as well as national policy and guidance.

It consolidates existing documentation and reflects the engagement work completed with service users, providers and wider stakeholders to identify initiatives and solutions to deliver our ambition.

This delivery plan also incorporates feedback from over 40 stakeholders including primary care GPs, integrated care board (ICB) members, the clinical oversight group, and the integrated community-based care (ICBC) programme.

It sets out a number of priorities to deliver transformation for primary and community care and reflects the engagement work completed with service users, providers and wider stakeholders to identify initiatives and solutions to deliver our ambition.

There will be opportunities for engagement with partners and our communities about how we deliver our transformational priorities.

The six transformation priorities are as follows:

1. Deliver enhanced outcomes and experiences for our adults and children by evolving our local teams. We will build on our existing primary care networks to create more integrated neighbourhoods serviced by providers who can share information, caseloads, and estates to provide more joined up care and the capacity to do so.
2. Adopt a scaled population health management approach by building capacity and knowledge. We will use data and insight to understand our populations better, identify health inequalities, target marginalised groups, and develop initiatives and services that improve access and result in fairer health and outcomes.
3. Actively co-design and co-deliver preventable models of care by strengthening local partnerships and assets. We can promote healthier communities and increase healthy life expectancies through better understanding and working with our local communities. We recognise that care and support is best delivered by those who understand the adults and children who live within them.
4. Increase personalisation of care through engaging and empowering our people. We need to shift towards greater prevention and early intervention. We can do so by tailoring our support to a persons' specific needs and using technology advances to provide support in formats that align with individuals' needs and preferences.
5. Improve access to a wider range of services closer to home through greater connection and coordination. We will deliver excellent health and care services closer to people's homes and overcome inequality of access by creating stronger physical and virtual connections between primary and

community care and specialist services.

6. Support access to the right care by providing co-ordinated urgent care within the community. We want emergency care to be for those who need it most and know we can help people to address their urgent needs within the community. This can prevent avoidable admissions and result in better outcomes and experiences.

## Winter planning

As our health and care system continues to experience unrelenting demand challenges and operational pressures, we are continuing to work with our partners to deliver existing demand management and capacity improvement plans.

We are monitoring the impact of these plans at both a System and Place level and will take the learning into the development of our plans for the coming winter.

Operationally there continues to be significant joint working in the locality under our Home is Best programme of work which supports patients to remain at home, aims to reduce our reliance on bed-based care and improve patient outcomes and experience.

This approach helps to enable us operationally to manage the system challenges and pressures and, together, we continue to maintain a good flow of people from our acute hospitals to community settings or home.

Working in partnership across health and social care, we are on track to deliver our plans to deliver against targets including reducing the number of the non-criteria to reside in our acutes -currently maintaining a position below our trajectory of 30, significantly reducing our number of discharge to assess beds by 40 per cent, we are currently at 31, exceeding our target of 36.

We have also continued to increase our use of virtual wards- a flagship BSW scheme. A key focus for the coming months is on increasing referrals to the Virtual Ward step-up model through continuing to raise the profile of service.

We will work through the implications of pressures being relieved in one part of the system with pressure then arising in another part of the system. We have key workstreams in place to work through this jointly.

## Community Investment Fund

Good progress has been made with our Community Investment Fund. BSW ICB has been working with five BaNES-based third sector organisations and has awarded grants to Southside Hardship Fund, Julian House, Citizens Advice Bureau, Age UK and West of England Rural Network.

These grants will help some of our most vulnerable communities with cost-of-living support, food and clothing and warm home grants.

This is a key part of our strategy on health inequalities and a demonstrable example of how BSW ICB is working directly with our communities at a local level.

### **BSW VCSE sector partner Bath Mind opens new well-being accommodation for adults experiencing a mental health crisis**

Local Voluntary, Community and Social Enterprise organisation Bath Mind has opened a non-medical house offering wellbeing accommodation for adults experiencing a mental health crisis.

Orchard House, located on the edge of Midsomer Norton, provides a step-up service for people living in the community who are experiencing difficulties with their mental health and need support to avoid hospital admission. It also provides a step-down service for those leaving an in-patient setting who would benefit from additional support before returning home.

The house has been fully refurbished to provide a calm, welcoming environment for up to four people to be supported at a time. Staff work with each person to create an individualised support plan, to develop their coping skills, regain confidence in daily activities and enable them to safely return home; as well as working collaboratively with the individual's mental health team to ensure they have the right support in place when they leave Orchard House.

### **Industrial action**

BSW Integrated Care Board continues to work hard to keep local people safe during planned strikes, while delivering the best care possible.

Junior doctors and consultants took part in industrial action from 7am on Monday 2 October to 7am on Thursday 5 October.

For the first time in this ongoing period of industrial action, they were joined by radiographers who will be on strike from 8am on Tuesday 3 October to 8am on Wednesday 4 October.

The strikes had a significant impact on services. BSW ICB worked with partners during the period of industrial action to ensure the smooth running of services and coordinated a public communications campaign to let the public know how to access services and where to look for help.

Plans are in place to ensure the smooth running of services during any further industrial action.