

Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel – Monday 5 February 2024

Prescriptions Ordering Direct Service

The Bath and North East Somerset, Swindon and Wiltshire Prescription Ordering Direct (POD) service, which allows some patients to arrange their repeat medication by phone or email, is set to discontinue in its current form later in the year, with the practices and care homes that use the system offering repeat prescribing instead.

It is expected that POD will close on or before 30 June 2024, although this date may change as plans are formed and formal timeframes agreed.

People who regularly use POD are advised to continue ordering their medicines in the usual way through POD, and not to order any more than is needed.

The decision to close was made in early January following a rigorous period of engagement, during which the ICB worked with local health and care providers, including colleagues in GP practices, care homes and pharmacies, to explore if the current POD model could be provided differently.

Over the coming weeks, the ICB will be focusing on ensuring a smooth transition away from POD and offering support to the 85 colleagues affected by the closure.

More information on the transition will be shared in due course.

A list of [frequently asked questions](#) is available on the ICB website, which provides further details on the decision-making process, as well as advice for patients.

Winter update – Virtual Wards

BaNES ICA continues to work together on a joint approach to delivering services and supporting citizens across BaNES during winter 2023/4, with a focus on maximising the capacity of our existing services.

Two virtual wards in B&NES continue to offer patients hospital-level care in the comfort of their own homes through a step-up model to reduce avoidable admission provided by HCRG Care Group and a step-down model provided by Royal United Hospitals NHS Foundation Trust to expedite discharge

The RUH model is at full capacity (35 beds) while the HCRG model now has capacity for 55 patients and is currently seeing between 35 and 40 patients. More work to support increasing referrals direct from ambulance service and BSW care coordination centre is underway.

Our step-up virtual ward includes access to diagnostics including imaging and rapid blood tests working in collaboration with the RUH. The team, which includes specialist nurses and paramedics, also provide IV medication at home

Both services have received excellent feedback from patients, families and carers

We have also seen the step-up virtual ward supporting earlier discharge from community hospitals and direct admissions into community hospitals to avoid acute admissions for patients and to help them stay closer to home.

Improving cancer early diagnosis and survival in BSW

The NHS is working hard to save thousands more lives each year by dramatically improving how cancer is diagnosed and treated and there is some great work going on here at BSW ICB to help improve support for people with cancer.

One of the two national ambitions for cancer is to ensure more of those people who are found to have cancer, are diagnosed and treated while it is at an earlier stage, as this means that treatment is often less complex, more successful and people live longer after treatment and with fewer long-term effects. We have been doing a lot of work across BSW to help deliver this national ambition, including the following initiatives:

Primary Care cancer projects - for several years GPs and staff working in primary care have been supported to design and deliver local bespoke cancer programmes to best meet the needs they know exist within the populations they support. These typically focus on work to improve early diagnosis of cancer by encouraging people to attend when invited for bowel, breast or cervical cancer screening; or to see their GP if they have concerning symptoms that might be a sign of cancer.

Where possible, many of these programmes have a focus on addressing the health inequalities that exist in our communities, which is important as access to care and uptake of screening is lower for certain more disadvantaged groups than other groups. Examples of successful recent projects include

- Cancer roadshows
- Contacting those who have not responded to screening invites
- Language-specific promotional activities, information and leaflets for particular groups targeting Nepali, Polish and Moroccan communities
- Additional cervical screening sessions outside of normal hours and pop-up cervical screening sessions to better meet the needs of some populations
- Creating and distributing easy-read information explaining cancer screening for people with learning disabilities
- Community outreach to people with learning disabilities to explain the reasons for, and benefits of, cancer screening.

Targeted lung health checks - across parts of Bath, Swindon, Salisbury and, shortly, Trowbridge, targeted lung health checks (TLHC) are being offered to current and ex-smokers aged 55-74. The aim is to identify and treat people with lung cancer even though they may have no obvious symptoms. People diagnosed with lung cancer at the earliest stage are nearly 20 times more likely to survive for five years than those whose cancer is caught late. Where the lung health check identifies a potential high risk of lung cancer, people are invited to attend a scan to investigate further.

Answer to Previous Question raised re Update on Hospitals Improvement Programme:

The RUH benefitted from Health Infrastructure Plan (HIP2) seed funding in 2021/22 which enabled it to develop an outline plan for its future estates needs and to work with the system to support development of the system model of care - Shaping a Healthier Future.

As part of the New Hospitals Programme, it has subsequently also benefitted from over £40m of funding towards the construction of the Dyson Cancer Centre. Whilst we understand that the New Hospitals Programme funding is now fully subscribed, the BSW Integrated Care System now oversees capital investment priorities for providers and will identify future national funding opportunities to address these as and when they arise.