

Case for Change

CONFIDENTIAL: Review and Future Direction of the Prescription Ordering Direct (POD) Service

1. Introduction

Since its establishment between 2016 and 2017, the Prescription Ordering Direct (POD) service has provided a supplementary route for patients to request repeat prescriptions over the phone, via email or through an online form. As of 2024, it supports around 70% of GP practices in Shropshire, Telford and Wrekin.

POD has provided access to repeat prescriptions in addition to patients going through their GP practice, as well as ordering via the NHS App.

As well as providing a patient service, the original and primary aim of POD was to improve efficiency and reduce prescribing costs. However, whilst the service has been successful in delivering notable savings and patient value, a review of the service has identified the current model is unsustainable.

Staffing costs have risen significantly since its inception, difficulties accessing the service are a persistent problem for our patients, and national priorities have shifted toward digital solutions.

NHS Shropshire, Telford and Wrekin (also known as the local Integrated Care Board (ICB)) is the commissioner for this service and has responsibility for meeting the health needs of patients and residents within the county; arranging the provision of health services, as well as managing the NHS budget.

NHS Shropshire, Telford and Wrekin (NHS STW) has recently undertaken a comprehensive review of its current services and functions. This has been to understand if services align with our roles and responsibilities as an ICB, represent the best use of resources, offer value for money, and deliver on our priorities as a health and care system.

The following Case for Change outlines why re-evaluation of the current Prescription Ordering Direct (POD) service has taken place; to understand if it still meets the need of local populations and is delivering against the objectives for which it was set up.

2. Background

Historically, POD was a service set up by the Clinical Commissioning Groups (CCGs) for the county (Telford and Wrekin CCG in 2016 and Shropshire CCG in 2017), primarily to save 6-9% of medicines budget in the first two years.

It is a centralised call-centre service that allows patients to order repeat medicines during working hours, with service hours from 8am - 5pm, Monday to Friday and closed Bank Holidays.

The service is hosted by NHS STW and operates from Wellington House, the current headquarters of NHS STW, and employs 37 staff on a combination of full and part time working.

The POD service tackles medicines waste by only allowing patients to order medication when they need it, rather than automatically receiving repeat medications which they do not use on a regular basis. Patients can order within opening hours and can do so once they are down to the last five days' worth of their medication.

Although successful in its original aim (to tackle medicines waste), the service is a duplication of a General Medical Service (GMS) provision within General Practice and is a core element of the GMS contract which all practices work to. Repeat prescriptions are also available via the NHS App, which is benefiting from national investment and focus through the Government's 10 Year Plan.

The POD service is used by 37 (out of 50) GP practices in the county and covers approximately 70% of patients across the Shropshire, Telford and Wrekin area.

Patients of practices who do not use POD are unable to access the service, representing inequity in access. Where POD is not in place, patients are able to contact their GP practice directly to order medications, or can order via the NHS App.

3. Challenges faced operating the POD service

Capacity issues

Despite its successes, POD is now under increasing pressure and struggles to consistently meet demand. The service is staffed by 37 employees, handling approximately 200,000 prescription orders every quarter (three months).

Recruitment and retention of staff is challenging, which means that staffing the service to its full complement has been difficult. The team is currently carrying a 16.7% vacancy rate which has a detrimental effect on the service, causing increases in waiting times, and does not represent enhanced access for patients.

The service has received complaints from both patients and stakeholders, primarily related to the amount of time it takes to reach a call handler. However, this has improved since a new phone system was installed.

Importantly, when patients are unable to gain their medications in a timely manner, they are more likely to use alternative emergency prescribing services such as NHS 111 or attend A&E to get their medications, thus causing a negative impact on these already highly pressured services.

Value for money

The POD service was put in place to combat medicines waste and prevent the build-up of medicines in patients' homes. This was achieved by allowing patients to only order the medicines they needed, therefore not over-ordering.

Once GP practices were on-boarded to the service, demonstrable efficiencies, in terms of a reduction in prescription items growth, were achieved in the first few years.

However, no significant cost reduction can be evidenced for the service in the last 2-3 years. Direct intervention savings can be evidenced, but these are lower than employment costs.

Importantly, we want to be clear that this reduction in efficiency year on year is not related to staff performance. We are grateful to our committed POD staff who do their utmost to turnaround orders promptly, often under considerable pressure, whilst also experiencing instances of abuse and bad behaviour from some of our patients.

Current investment in the POD service (pay and non-pay) equates to approximately £1 million per year for NHS Shropshire, Telford and Wrekin. Efficiencies realised through reducing medicine waste no longer meet the service costs and there is no further return available on the investment made from practices already signed up to the POD service.

To address capacity issues and to open the service up to all GP practices in the county, further significant investment would be needed which is not feasible given the current financial challenges faced by our system.

4. Strategic direction

National priorities

The Government's recently published 10 Year Plan (2025), the NHS Long Term Plan (2019) and the Digital Health and Care Plan (2022) have all set a clear vision for a digital-first healthcare approach. A central goal for this year (2025) is for 75% of adults to be using the NHS App for core functions, such as ordering prescriptions and booking GP appointments.

This national commitment aligns with the broader drive for digital transformation in healthcare, with a focus on enhancing accessibility, efficiency, and patient empowerment through digital technology.

Local priorities

Currently, 70% of practices in Shropshire, Telford and Wrekin are utilising the POD service. While adoption of the POD platform has resulted in significant strides, challenges persist. A local review has been necessary to understand these.

One notable achievement is that the cost per item for POD practices remains lower (£7.56) compared to non-POD practices (£8.29). However, operational issues, particularly concerning phone access, have been identified as key areas needing improvement.

Furthermore, rising annual staffing costs, which now exceeds £1 million, are largely driven by increasing patient demand for services. Since 2018/19, staffing expenses have tripled which correlates with growing demand, including over 29,000 email orders in July 2024 alone.

A digital transition presents an opportunity to alleviate some of these pressures, but it must be pursued in a way that ensures equity and inclusivity.

Addressing health inequalities

Shropshire, Telford and Wrekin has diverse populations, including rural, older, and deprived communities. As such, a digital transition must be inclusive to ensure that no one is left behind.

A transition away from the POD service will be underpinned by a robust Equality and Quality Impact Assessment (EQIA) to safeguard against exacerbating health inequalities. Mitigating actions will be employed to support individuals with limited digital access or ability.

These actions will include:

- Digital and printed guides, where appropriate, to help patients navigate digital services.
- Digital inclusion support from General Practice colleagues, Patient Participation Groups (PPGs) and partner organisations, including community sessions aimed at educating and empowering digitally excluded individuals.
- Continued GP practice-based ordering for those who are unable to fully transition to digital methods.
- Further signposting and practical support available through the [digital inclusion section](#) of the Shropshire, Telford and Wrekin Integrated Care System (ICS) website, which includes links to both local authority offers for digital access, training and support.

The [Fuller Report](#) recommends that ICSs should support General Practice, and wider Primary Care colleagues, to build on Primary Care Networks (PCNs) by bringing together health and care providers within a local community to develop integrated neighbourhood teams.

The POD service, as it stands, could act to fragment this direction of travel. Plus, to deliver personalised care, a model providing a greater breadth of health and care services should ideally be developed by Primary Care Networks (PCNs).

Nationally, there are examples where some PCNs have set up their own medicines management hubs that include repeat prescription ordering. These services have been successful in providing a service that is more in tune with the needs of the local population and a potential option to be explored for Shropshire, Telford and Wrekin.

5. Outcome of the Review

The review of POD concluded that the service no longer provides return on investment and is not able to expand further without significant additional funding.

Whilst the service has successfully met its brief in reducing medicines waste, by controlling prescription ordering, this is not being sustained. Reductions and associated savings are not recurrent and are therefore not benefiting an NHS organisation and wider health and care system that is significantly financially challenged.

The review also highlighted that the service is duplicative of a core General Practice GMS service. As it is not offered in every GP practice throughout the county, this also represents inequitable (unequal) access for patients.

Furthermore, the POD service continues to struggle with capacity, recruitment and retention issues, and does not provide a patient responsive service. Due to this, feedback shows us that patient experience is not good with long waiting times and low levels of patient satisfaction.

Feedback indicates mixed satisfaction with the service. Among patients, 71% reported difficulties with access, yet a majority would still recommend it. Likewise, 30% of GP practices expressed neutral views, yet most acknowledged the efficiency benefits.

In summary, the review concludes that the POD service no longer represents value for money and is no longer achieving the aim for which it was put in place - to reduce medicine's wastage and to save money. In its current form it also does not represent an enhancement in access and is not available equitably to all patients.

Alternative options considered included partial decommissioning of the service with a reduced team, maintaining POD with operational improvements, as well as outsourcing and hosting the service in a provider NHS organisation.

The preferred option is to phase out the POD service. As part of this plan, suitable support would be given to GP practices to help improve the NHS App offer for patients, in line with national guidance and non-digital options for ordering prescriptions would still be available within GP practices. We would also work with key voluntary and community partners to support people

who are digitally excluded and ensure inclusion for all patient groups. These alternatives are explained further in the next section.

6. Recommendations for change

Apps and digital solutions

Since the establishment of POD in 2016/17, and increasingly since the pandemic, there has been a rise of online and mobile apps that allow patients to order prescriptions digitally.

Most GP practices have an online service where patients can order their repeat medicines, and a primary aim of the Primary Care Recovery Plan (PCARP) has been to promote the NHS App to patients.

Nationally, utilisation of the NHS App as a one-stop shop for access to health services is a priority, including ordering repeat prescriptions. The overwhelming advantage of this is that patients can request their prescription at any time of day or night with no need to check opening hours, no waiting on the phone, and no unnecessary trip to their GP practice.

Improved repeat dispensing

Electronic repeat dispensing is a service that allows healthcare professionals in General Practice, as well as other prescribers, to authorise and issue a batch of repeat prescriptions for up to 12 months. This requires just one digital signature.

Prescriptions are stored securely and are automatically downloaded to the patient's nominated community pharmacy at intervals set by the prescriber. This means that the repeat prescription does not have to be ordered by the patient on a monthly basis. Instead, the patient can receive their normal prescription directly from their community pharmacy.

Patients are eligible for this service if they have a long term, stable medical condition (that is, a condition that is unlikely to change in the short to medium term) and requires regular medicine in respect of that medical condition.

Via the GP practice

Patients can contact their GP practice directly to order repeat prescriptions, usually by filling in a form to drop off at the practice.

However, during the transition period for this work, options for alternative dispensing models within GP practices will be encouraged for consideration, based on best practice.

As stated previously, issuing repeat prescriptions is also a core element of the GMS contract and all GP practices in Shropshire, Telford and Wrekin can offer this service.

7. Our vision

Our vision, as the strategic healthcare commissioner for the county, is to empower patients to independently manage their repeat prescriptions through digital means, while continuing to offer support to those who cannot engage digitally.

A phased transition from the POD service to alternative options - including supporting GP practices to manage prescriptions in-house and promoting the NHS App for digitally able patients - will help create a more equitable and cost-effective approach to prescription ordering.

This digital transition aligns with the Integrated Care System's priorities around digital transformation, inclusion, and sustainability, and speaks to the Government's shift towards digital-first, patient-centred care within its 10 Year Plan.

Digital transformation

Currently, 54% of residents in the Shropshire, Telford and Wrekin area regularly use the NHS App. It is a national ambition that this increases to 75% of adults using this for core health services by 2025.

Inclusion

Because not all GP practices in the county use POD, this creates differences in patient access to the service and potentially advances health inequalities.

With a focus on digital training options and support for patients wanting to use the NHS App, via GP practices as well as within community settings, this ties in with our ambition to become more digitally able as a county and to begin to tackle digital exclusion.

Sustainability

The future viability of POD has grown more tenuous over the years. This is due to staff capacity, increasing costs, unequal access (due to not all practices being a part of the service) and long wait times.

The cost of the service, and its return on investment for NHS Shropshire, Telford and Wrekin is also a reality that needs to be faced. This is a particular consideration given the financial deficit faced by the system as well as significant changes to the NHS currently being led by the Department for Health and Social Care (DHSC).

There is a strong argument to suggest that the service is out of step with national direction towards greater digital access to NHS services. Plus, several other ICB's have also taken the decision to wind down their POD service, including Coventry and Warwickshire, Bath and North-East Somerset, Swindon and Wiltshire and the Dudley Health and Care Partnership.

8. Anticipated benefits

Whilst there will inevitably be risks that NHS STW will need to mitigate against, we anticipate the benefits to our patients will be:

- Greater convenience to prescription ordering through 24/7 digital access via the NHS App.
- Improved patient experience for those who prefer self-service at times that are convenient to them.
- Increased and inclusive support for those wishing to use more digital solutions, such as support within GP practices as well as within community settings.

Whilst we understand that this will increase workload for GP practice colleagues, particularly whilst this transition is being embedded, we anticipate the benefits for General Practice will be:

- Greater control over repeat prescription processes, being given agency to explore possible models of best practice.
- The opportunity to integrate digital tools already established within practices and streamline the offer for patients so it is easier for all to understand.
- Enhanced focus from system colleagues on supporting patients with the NHS App which will encourage and empower individuals not only with prescription ordering but also booking GP appointments, checking test/scan results etc.

9. Potential Impact of transitioning

Impact on patients

As the NHS App increases in popularity, alongside national direction towards more digital services, we anticipate most of our patients will choose to move to ordering their medications through the App. However, we recognise that digital services are not accessible to everyone and there remains people who would prefer to use the telephone or order their repeat prescriptions in person.

Improving the uptake of the NHS App and thus enabling timely access to medication ordering, directly through digital devices, is a key aim within our system and is a priority within the NHS Shropshire, Telford and Wrekin [Joint Forward Plan \(JFP\)](#).

As previously mentioned, (in Section 2), there is already alternative provision for ordering regular repeat prescriptions within General Practice. Furthermore, with support from the Medicines Management Team within NHS STW, there will also be the opportunity to move appropriate patients to repeat dispensing, thus reducing administration.

For those practices which offer repeat prescription orders over the phone, we understand that contacting the practice via the telephone is not always easy, and there can be long queues early in the morning as people seek same day appointments. Unless it is an emergency however, patients will be able to ring later in the day and avoid the high volume of calls in the morning.

GP practices will no longer be limited to only accepting repeat prescription requests when patients have five days or fewer of medication remaining. With a shorter turnaround time between ordering and the prescription reaching the pharmacy, patients will have greater flexibility to request medication at times that are more convenient for both them and the practice.

However, as commissioner, we will also work to encourage practices to avoid early ordering to prevent over-ordering, stockpiling and increased medicines waste.

Patients, or their representatives, will be able to visit their GP practice in person to drop off repeat prescription slips. Plus, those patients who are eligible can be transferred to repeat dispensing and NHS STW will facilitate the transfer of eligible patients with their consent.

There is already provision in place for community pharmacy (although not contracted) to order repeat medication on behalf of vulnerable patients, and this will continue once the POD service is no longer in place.

It will be crucial that patients are informed about these changes. Therefore, to ensure widespread awareness, a comprehensive communication campaign will be launched helping individuals to understand their options when ordering repeat prescriptions, as well as information when using the NHS App. This campaign will include a combination of printed materials, digital resources, and in-person guidance.

Impact on General Practice

Regardless of whether a repeat prescription is ordered via the POD service, digitally or via the GP practice system, GPs must still review and sign the prescription to authorise it. This will remain the case when the POD service is wound down.

Practices may see an increase in administration as those patients who do not chose, or are not able to access digital alternatives, call the practice to order their medications.

Although it is a responsibility of General Practice to provide this service, we are clear that General Practice is already under significant pressure, and NHS STW is committed to supporting practices to manage any potential issues.

Listed below are (as already described above in Section 6) the alternative service provisions available for this transition and mitigations to minimise impact for both patients and General Practice colleagues.

Alternative service provision	Mitigations to limit impact
NHS App or another app	Promote and support patients to transfer to the NHS App where there is patient willingness to do so.

Transfer patients back to General Practice	<ol style="list-style-type: none"> 1. Promote GP online services where the practice has this available e.g. Patient Access. 2. Promote repeat dispensing and transfer eligible patients to this with their consent. 3. In-person at the practice - patients can order their repeat prescription via the right-hand side of their repeat prescription slip and drop into their GP practice. 4. The POD service already allows community pharmacy to order for vulnerable patients, and this would continue - utilising the methods above.
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Impact on Community Pharmacy

Community Pharmacy colleagues will not be directly affected when the POD service is no longer available. However, they are likely to be concerned about a change in process/workflow, a possible increase in workload, and potentially an increase in patients requesting managed repeat prescriptions where they don't have a clear need (e.g. difficulty managing this without support).

As is the case now, Community Pharmacy will remain able to order repeat medication on behalf of vulnerable patients with the agreement of the GP practice. They would also continue to receive repeat prescriptions directly from GP practices, regardless of how the prescription was ordered.

Wider impact on the local population

As part of this work, NHS STW has undertaken an Equality and Quality Impact Assessment (EQIA) to further understand the impact on those with a protected characteristic. As part of the engagement exercise for this programme of work, those with a protected characteristic, from a Core20PLUS5 group or who have been identified as having an increased, negative impact than others in the population, such as those who are digitally excluded, will be our priority.

10. NHS STW accountability and commitment

NHS Shropshire, Telford and Wrekin understands that the decision to stop the current POD service could cause a temporary impact to patients whilst we transition to an alternative service.

All Integrated Care Boards (ICBs), as strategic commissioners, are responsible for meeting the health needs of their residents, managing the NHS budget and arranging for the provision of local health services. With the inception of ICBs in 2022, and their refreshed focus, the Prescription Ordering Direct (POD) function no longer fits with the purpose of the organisation.

NHS STW is committed to supporting patients during this transition, to ensure this impact is minimised as far as possible, and to raise awareness of changes to the service via its public communications strategy.

NHS STW is also committed to providing advice and guidance to affected General Practices on repeat prescribing management best practice, to ensure a robust and efficient repeat prescribing process is in place. This will also apply to promoting alternative services, including digital and the electronic repeat dispensing process.

11. Next steps

We are clear that our priority must be with those who will be impacted the most.

Delivery of this programme will be led by a Task and Finish Group within NHS Shropshire, Telford and Wrekin comprising representatives from Medicines Management, General Practice, Community Pharmacy, Human Resources, Communications and Engagement, Digital and Finance.

This group will be responsible for monitoring risk and mitigation, managing a smooth effective change process and ensuring that relevant groups and stakeholders are kept informed throughout the transition.

Internal engagement

To ensure a transparent and fair process, conversations have begun with those colleagues within the POD team who will be directly affected by this programme of work. Support will include wellbeing support for colleagues, face-to-face engagement with senior leaders, HR advice and guidance, including engagement with trade unions, as well as a consultation period.

NHS STW has also reached out to key General Practice and Community Pharmacy representatives to partake in conversations and the planning of next steps. We anticipate this will include early engagement with those GP practices affected to understand the support likely to be needed as well as to facilitate clinical conversations.

External engagement

For NHS STW to effectively discharge its duty to involve and engage members of the public and key stakeholders, a comprehensive communications and engagement plan has been developed to support this work.

As such, NHS STW will be conducting a period of engagement to further understand the impact of this transition, and to inform patients and residents of the winding down of the POD service. As mentioned above, this will primarily involve engagement with our POD colleagues as well as with General Practice and Community Pharmacy.

More widely, we will also be seeking views from the local Joint Health and Overview Scrutiny Committee (JHOSC), representatives from Healthwatch organisations and elected officials, to gain views and to scrutinise plans. We will also be engaging with system partners and voluntary

sector organisations to begin conversations around digital community support, particularly for more vulnerable groups including the elderly or digitally excluded.

To support public engagement, NHS STW will begin conversations with patients and residents to understand how best to support them during this transition. A detailed communications and engagement plan sets out how NHS STW will meet its duty to involve and inform the public, which includes a strong focus on those most affected by the changes, as well as groups identified in the Equality Impact Assessment (EQIA).

Engagement activities will include an online survey (also available in print and EasyRead formats), along with both in-person drop-in sessions and community engagement exercises, to gather feedback and provide further information. This insight will then be fed into the programme of work and will help to inform how we ensure an effective transition period for patients, health and care colleagues, and more so for vulnerable groups and those more likely to be negatively impacted.

Effective communications to keep the public informed will also act as a golden thread throughout this piece of work. The programme plan, including transition planning, will be underpinned by a detailed communications and engagement plan, with actions including:

- The development of digital and print materials to provide information at key milestones of the programme.
- Regular, clear communications (both digital and print) to support patients throughout the process and to provide information on alternatives for the service – particularly access to the NHS App.
- Engagement and communications support for General Practice and Community Pharmacy colleagues, including print and digital materials via a comprehensive toolkit.
- Communications to wider stakeholder groups including elected representatives, system partners, Healthwatch and the voluntary sector.

Once we have begun public communications for this work, we will regularly update a dedicated page on the NHS Shropshire, Telford and Wrekin website for public access, and will keep key stakeholders updated on progress.

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