**Agenda Item: 5.2**

**Report to:** Primary Care Commissioning Committee

**Date of meeting: 01/12/2020**

**Date paper distributed: 26/11/2020**

**Subject: NEL CCG Point of Dispensing Intervention Scheme**

**Presented by: James Ledger/ Karen Hiley**

**Previously distributed to:** Click or tap here to enter text.

**STATUS OF THE REPORT *(auto check relevant box****)*

**Decision required**

**For Discussion to give Assurance**  *(Only if requested by Committee member prior to meeting)*

**For Information**

**Report Exempt from Public Disclosure**   No  Yes

|  |  |
| --- | --- |
| **PURPOSE OF REPORT:** | To outline the options available for when the current contract for PODIS expires in March 2021 |
| **Recommendations:** | To extend PODIS for 1 year until March 2022 |
| **Clinical Engagement** | Engagement with Humber Local Pharmaceutical Committee |
| **Patient/Public Engagement** | (*where appropriate – how has the* [*NEL Commitment*](https://www.northeastlincolnshireccg.nhs.uk/get-involved/) *been implemented*) |
| **Committee Process and Assurance:** |  |

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| **Link to CCG’s Priorities** | * Sustainable services * Empowering people |  | * Supporting communities * Fit for purpose organisation |  |
| **Are there any specific and/or overt risks relating to one or more of the following areas?** | * Legal * Finance * Quality * Equality analysis (and Due Regard Duty) |  | * Data protection * Performance * Other |  |

**Provide a summary of the identified risk**

**Executive Summary**

The Point of Dispensing Intervetion Service (PODIS) is a Pharmacy enhanced service, provided by Community Pharmacies which is commissioned by NHSE on behalf of the CCG.

PODIS aims to reduce medicines wastage by allowing pharmacists to intervene and not dispense a medication which is not required by the patient. The pharmacy is paid a £4 fee and also receives 10% of the net ingredient cost for the item not dispensed.

**Performance**

Looking at the performance of the scheme for 19/20, 1,341 interventions were made by 17 pharmacies, involving 1,075 different patients.

Analysis of the prescription types interventions were made on, practice level data is included in the report:

|  |  |
| --- | --- |
| Green paper script - Acute | **39 (2.9%)** |
| Green paper script - Repeat | **63 (4.7%)** |
| Green paper script - PCS | **32 (2.4%)** |
| Green paper script - Managed | **12 (0.9%)** |
| EPS - Acute | **107 (8%)** |
| EPS - Repeat | **863 (64.4%)** |
| EPS - Managed | **225 (16.8%)** |
| eRD service | **0 (0%)** |

£10,884 of savings were made during the year 19/20, against a target of £12,000.

Having run for 2 years, the service was designed to fill a gap between the changes to managed repeat ordering systems and the increased utilisation of electronic repeat dispensing (eRD). The effects of COVID have meant community pharmacies have been unable to undertake PODIS to the same extent and as eRD is still used at varying levels between practices, there may be an advantage to keeping the service running.

**Option 1**

Extend in current format i.e. to continue with the scheme as it is until March 2022 as the contract expires on the 31st March 2021. This option will allow community pharmacists to add value to patients and help the unnecessary referrals to primary care especially this difficult period of time. The savings that will be generated from the service will also be an important factor. This period will help establish the true impact of PODIS and look potentially into option two.

**Option 2**

Renew the PODIS contract for another four years from March 2021 to March 2025. This may be an option but it is anticipated that as utilisation of electronic repeat dispensing is increased, the usefulness of PODIS will be reduced.

**Option 3**

Terminate PODIS giving three months’ notice as per service level agreement.

The recommendation is to take forward option one until March 2022. There may be an oppotunity during the year to review option two. The rationale for this recommendation is that PODIS adds value on patients’ health outcomes while generating savings without incurring additional costs apart from the annual license fee of the PharmOutcomes platform, approximately £1,200/ year.