

Streamlining Medication Pick-ups from Goring Pharmacy

1. What we mean by certain terms

Pharmacy – Lloyds Pharmacy in Goring.

Repeat prescription – a regular prescription that someone gets. This is usually monthly. When someone picks up their usual medication, they may just tick the boxes (on the bit of the form called the **repeat request**) to request the next lot of medication and leave the request with the pharmacist. Or they may wait until they need the medication again, and drop the repeat request to the pharmacy or surgery. It is not actually a prescription, it is a request for a prescription to be issued by the GP surgery.

One-off prescription. This is when someone speaks to a GP (or hospital doctor) who says they need medication, and therefore makes out a prescription for them. If they see the GP in person, they may be handed the prescription; now it is more likely the consultation will have happened on the phone, and the prescription will be made out in the surgery, ready to go to the pharmacy to be made up.

Medication. Anything that requires a prescription from the GP.

Street Champion (SC) – Usually a neighbour who has volunteered to pick up a prescription for someone; might be a Roving Village Volunteer.

Goring and Streatley Villages Helpline – 01491 525639; operated by volunteers 8am-8pm 7 days a week, to support local people and SCs.

Patient. Any local resident who needs medication collected from the pharmacy.

2. The need.

- To reduce wait time at Lloyds Pharmacy.
- To increase likelihood of medications being available at time of pick up.
- To reduce possibility of losing the pharmacy in Goring.

3. The circumstances pre the SERG system (which are many and varied!!).

The general public refer to their 'prescription' and can actually mean a repeat request, the actual prescription or the medication. The understanding of the difference between these things can cause unnecessary trips to the pharmacy. This still happens.

We need to work with (can't change) the systems operating by Lloyds (national business), and how they engage with the surgery. It is what is it. The system we now use does this. Many suggestions of what would be 'better' processes cannot be accommodated by Lloyds / Surgery / professional standards bodies.

There is much more pressure on the pharmacy than usual – over double the number of prescriptions being dealt with on a daily basis.

Currently if a prescription is written at the Goring GP surgery **in the morning**, it will be taken to the pharmacy at lunchtime. If not, it will not be taken down until the following day. The surgery has in the last week introduced electronic prescriptions but the patient must have

given prior consent to their use, these reach the pharmacy immediately. Most of the elderly have not signed up to the electronic service.

A good thing with the electronic system is that it removes the step of having to pick up your actual prescription from the surgery and take it to the pharmacy, which is what is done with repeat requests, unless submitted by the pharmacy.

If the prescription is written at the Woodcote surgery, it may need to be picked up from there which will take more time.

If a repeat prescription is dropped at the pharmacy, it needs to be taken up to the surgery; this is just done once a day, at lunchtime by the pharmacy staff.

The online service Echo provided by Lloyds cannot be used here because our surgery does not sign up to it.

The delivery service in place by the pharmacy is operated by a local lady who is currently in isolation and therefore a replacement courier service is in operation. They ensure that 'nomad' packs are delivered on due dates but other deliveries are often late and no new delivery patients can be taken on at this time.

There are many drugs which are becoming short in supply.

It can take up to **7 working days**, from dropping off the repeat request at the surgery, for the medication to be ready at the pharmacy.

It can take around **5-6 working days**, from the GP writing a one-off prescription, non urgent, to the medication being ready for pick up at the pharmacy.

If the prescription is marked urgent, it is still likely to take **over 24 hours**, unless electronic. If we get a call on the helpline in the morning about an urgent request we can often expedite it turning into medication at the patient's address.

At the time we started putting in this process around 20% of pick-ups are being done by Street Champions; usually for several people at a time. There is a high number of these that turn out to have queries on them (i.e. the pharmacy can't provide the medication without sorting out another question, or the medication is not in supply, etc) and therefore they take longer. The pharmacy estimated that a SC can take up to 5 times as long to process than a resident going in to pick up a single medication.

4. What we are doing – the new system

a) If a Street Champion is requested to pick up a prescription, whether repeat or one-off, they ask the patient to first contact the helpline.

This will be to let the helpline know that they are expecting some medication to be available for them at the pharmacy.

b) The patient phones the helpline.

c) The helpline volunteer asks the patient whether this is a repeat or one-off prescription, **and how urgent it is.**

If repeat, they will ask when the repeat was dropped off at the surgery or pharmacy.

If one-off, they will ask when the GP prescribed the medication. Frequently there is other information from a patient giving multiple scenarios. This is all recorded on a daily sheet. (On

a confidential database). Helpline volunteers are DBS checked and have confidentiality and safeguard training as a minimum.

From this information, when the medication is likely to be available at the pharmacy. This is done by the SERG coordinator as there are so many combinations of request.

If it is very urgent, the SERG coordinator will escalate to ensure same day delivery from elsewhere if necessary / possible.

d) The helpline asks for the **date of birth, name and address of the patient**, and the **name and street of the Street Champion** who usually picks up their medications for them (if they know)** The helpline will ask the patient to give a provisional pick up date to their Street Champion – **and/or will put them in touch with their Street Champion if necessary.

e) At 4.30pm each day, the SERG coordinator will take the information on the daily sheet and pass it on to the pharmacy.

g) After 5pm, the pharmacist will assess the expected pick-ups, and make sure that they will be available at the required time. IF he finds he has a query on the prescription OR there is another reason for the medication not being ready (e.g. out of stock), he will tell the SERG coordinator

h) SERG coordinator will inform the helpline of any hold ups and items ready. The helpline will pass the message back to the patient, and ask them to inform their Street Champion of the date when the medication will be available for pick up.

If there is a question from the pharmacy for the patient, depending on the nature of the question this is dealt with by the SERG coordinator with the necessary level of confidentiality.

i) The SC will arrange to pick up the medication, **after lunch**, on the relevant day.

j) Items which are not completed in one day (due to medication shortages for example) remain on the SERG coordinator's list and are followed up daily until resolved or escalated if a safeguarding issue becomes apparent.