

Co-design Partners in Care case study

We need a repeat prescription please...

Improving the process around obtaining repeat prescriptions (Taranaki District Health Board)

Context

During a staff meeting with the North Community Mental Health team, there was a conversation about the current processes used by Mental Health staff to organise getting a repeat medication prescription for service users. It was agreed that this was a diverse, inconsistent and time-consuming exercise for staff. This also raised a question about how service-users experienced the process of obtaining a repeat prescription for their medication, and if they had any feedback about issues they experienced.

A project team was selected, with the Clinical Services Manager – Mental Health and Older People Health Services acting as project sponsor.

The project team consisted of the Mental Health Quality and Risk Advisor (previous project management experience), Community Mental Health Manager (clinical expertise), Community Team Leader and Community Keyworker (clinical and process knowledge), and the Mental Health Consumer and Family Advisor.

Aim

The aim of the project was to work as a multi-disciplinary group with service users and other stakeholders to improve the current process of getting a repeat medication prescription.

To improve the experience for service users, we wanted review and streamline current processes to establish a consistent process in our Mental Health Community Mental Health Service. We then aimed to reduce the time and frustrations reported by people involved with the current processes.



Engage

We used a diverse range of approaches for engaging with stakeholders. We quickly established that face-to-face meetings were very effective, as this allowed us to have direct conversations and discussions, and to hear first-hand the feelings and experiences that individuals shared with us.

We invited community keyworkers to attend a meeting with us, as they have a significant role in the current process.

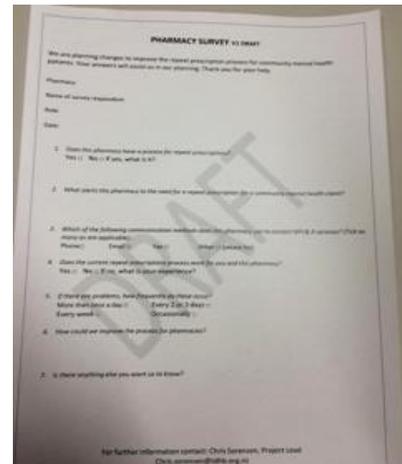
Our Consumer Advisor worked with the community keyworkers to develop a list of service users who have regular contact with our service, to ask if they would like to contribute to the project.

We also had a meeting with psychiatrists and used a question-answer format to collect information.

Initially, one of the project team members identified local pharmacies that we regularly work with, and had a conversation about the issues they had encountered/experienced in the current process.

As the project progressed, it became evident that we needed to engage a larger cross-section of pharmacies to contribute to the project, as the information captured did not appear to have the depth and breadth that we were hoping for.

We developed a questionnaire that was sent to pharmacies requesting their feedback about experiences and touch points that arose from the current repeat prescription process.



Pharmacy Questionnaire

Capture

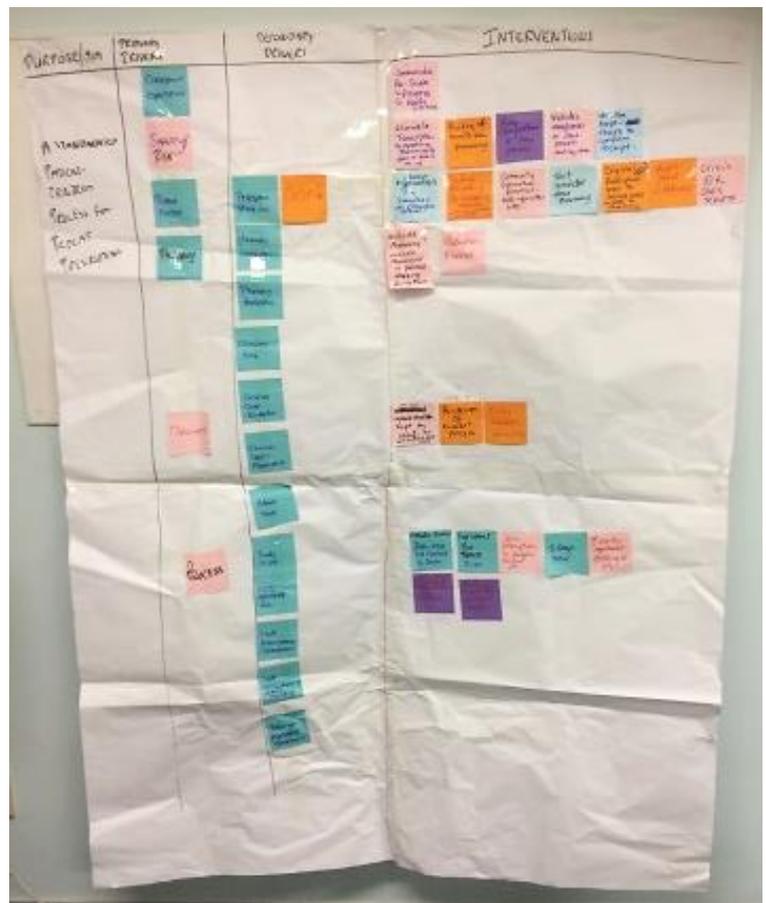
The first capture exercise was to meet with the Community Mental Health Team, consisting of nine keyworkers who all have responsibilities associated with medication prescription processes. We asked them to write down the current process each of them used in a step-by-step format on individual sticky notes and place them on a timeline poster on the wall.

We extended the mapping process by asking the keyworkers to list the issues, barriers and challenges that they experienced.

Next, we met with four prescribers (community consultant psychiatrists) and had conversations about the process they used, and the issues, barriers and challenges they experienced.

The Consumer Advisor carried out a telephone survey to 40 service users to capture their experiences.

A similar conversation was held with three members of the administration team based in outpatients. That outlined a volume of issues, barriers, and challenges that were experienced by this group of stakeholders, and led to further information capture. This information was compiled over a two-week period and listed the issues under themes.



Final information capture came from conversations with six individual community pharmacists, which was followed up with a short survey that was circulated to 19 local pharmacies. Of those 19 pharmacies, two pharmacies replied, giving us a total response rate of 42 per cent from pharmacists in the New Plymouth area.

The main purpose of collecting experiences by conversations, survey and mapping exercises was to establish what the current process was for obtaining repeat prescriptions, what the issues (positive and negative) were for those involved in the process (stakeholders), and the effects on the service user receiving the prescription.

Understand

Stakeholder	Issue	Action
Professional Stakeholders	Issues related to repeat prescriptions	Actions to address these issues
Service Users	Issues related to repeat prescriptions	Actions to address these issues
Other Stakeholders	Issues related to repeat prescriptions	Actions to address these issues

The driver diagram pictured above was compiled to help the project team understand the primary and secondary drivers of each stakeholder group's feedback and input, and give a pathway to prioritise interventions and actions that might address the issues experienced. It was a useful exercise in helping us to develop our understanding and ability to address the different perspectives offered by all the different stakeholders. It has and will continue to be used as a living document to help identify, focus and prioritise the improvements to be made.

Early in the process, it became evident that there was large diversity in how individuals managed the process of obtaining a script. It also became evident that most of the issues, barriers and challenges were experienced by the professional stakeholders in the group rather than the service users themselves.

'If the service users are happy and don't experience a problem with the process of obtaining repeat prescriptions, is this a co-design project?'

Understanding this from the information captured stimulated further discussion within the project team about the purpose of co-design project management. As a result, the team became much more familiar with the concepts behind co-design and gained a better understanding of how reviewing and designing processes/services with those involved with the service is the co-design process, regardless of where the inefficiencies lie. We will continue to involve all stakeholders as we embark on the improvement phase to ensure that changes do not influence the satisfaction experienced with the current process.

For professional stakeholders, the experience themes and touch points were very different...

'It's a nightmare'

'Some keyworkers are much better than others'

'It's hugely time consuming'

'We are often confused, and don't know who to speak to'

Improve

The improvement phase of the project is still a work in progress.

We have implemented an email address that has been circulated to all the pharmacies for correspondence and requests. It allowed us to build a new system for the requests from pharmacies to be managed in an efficient, timely manner. The implementation of the email allows us to encourage that as the correct channel for communication, and alleviates constant multi-point phone calls through administration to address requests, queries and issues arising.



We have taken feedback from professional stakeholders and will now develop clear process pathways that articulate the expected process standard, step-by-step and publish the process in a simplified flow chart.

We will also develop a communication plan about the changes and the correct modes of contact to all community pharmacies. The information from the capture phase has also highlighted the need for consistent communication with professional stakeholders as well as service users.

Working as a co-design team

Working as a co-design team certainly brought up some challenges. We learned a lot about the need to plan and coordinate how to consistently capture information and experiences, and also the need to plan and coordinate the dissemination of information to all stakeholders and service users in a consistent and regular manner.



The information and experiences captured from all involved in the process gave a diverse overview of the process and allowed us to 'step outside of our box' at how interconnected we need to be with our partners, to work more efficiently and effectively.

As a team, time became our rarest commodity, and our ability to maintain full attendance, and regular, focused and productive application on this project was the biggest challenge.

The positive outcome from the co-design team is the learning that has been made by asking people questions and listening for the touch points and emotions that allow you to capture information.

Measure

As we are still in the process of implementing changes, the objective outcomes have not yet been revealed.

However subjective outcomes that have occurred are:

'Having an established, documented process to guide staff on how to obtain a repeat prescription will cut down on time spent with additional tasks and doubling up of actions already performed by some keyworkers.'

'The development of understanding that better communication of established processes needs to be conveyed to professional stakeholders (especially pharmacists).'

'The agreement that it would be good to develop an electronic prescription process.'



The project team

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