Operations Directorate Business Plan.

2004/05 to 2006/07.

NHS

Prescription Pricing Authority

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Introduction.

This is the Operations Directorate Business Plan for the period covering April 2004 to March 2007. The plan covers 2004/05 in detail, including service delivery and cost targets, milestones and desired outcomes for the Directorate, the plan also demonstrates how this first year fits with the longer term strategic aims of the Directorate and how these in turn fit with the wider PPA goals.

We have tried to design the plan in a reference format so that the reader can access the areas they are interested in without reading the whole document from cover to cover.

The contents page facilitates this, as does the section referencing.

All objectives are listed in Appendix 1 with lead managers.

The strategic aims of the Directorate are illustrated diagrammatically on pages 6 and 7.

Explicit links to other Directorates for the achievement of specific objectives are detailed in section 1.3 Corporate Working.

The plan has four sections:

Section 1 – Service Delivery and Supporting Infrastructure.

"Deliver our services to agreed standards and support our two strategic aims with a management infrastructure that enables our staff to excel."

This section describes those service targets that we intend to meet, it describes how we will improve performance in these core areas and defines how the directorate will be managed in support of its staff and the rest of the PPA.

Section 2 – Prescription Processing Strategic Aim.

"Re-engineer prescription processing so that we can respond more effectively to variations in prescription volumes and be ready to deal with external changes in the way prescriptions are handled."

This section defines our vision for the future of prescription processing and outlines those programmes that will achieve this, it contains the CIP, Tyne Divisional Strategy, Prescription form design and our plans for enhancing the information we supply to stakeholders.

Section 3 – Patient Service Strategic Aim.

“Capitalise on the extensive patient contact within the Division in order to develop existing services by improving awareness, access and convenience for NHS patients, ensuring Patient Services remains a high quality service provider in a position to take on other, related services.”

This section outlines those areas of work which will deliver the improvements in service that are needed to maintain and further enhance Patient Services’ reputation as a high quality service provider.

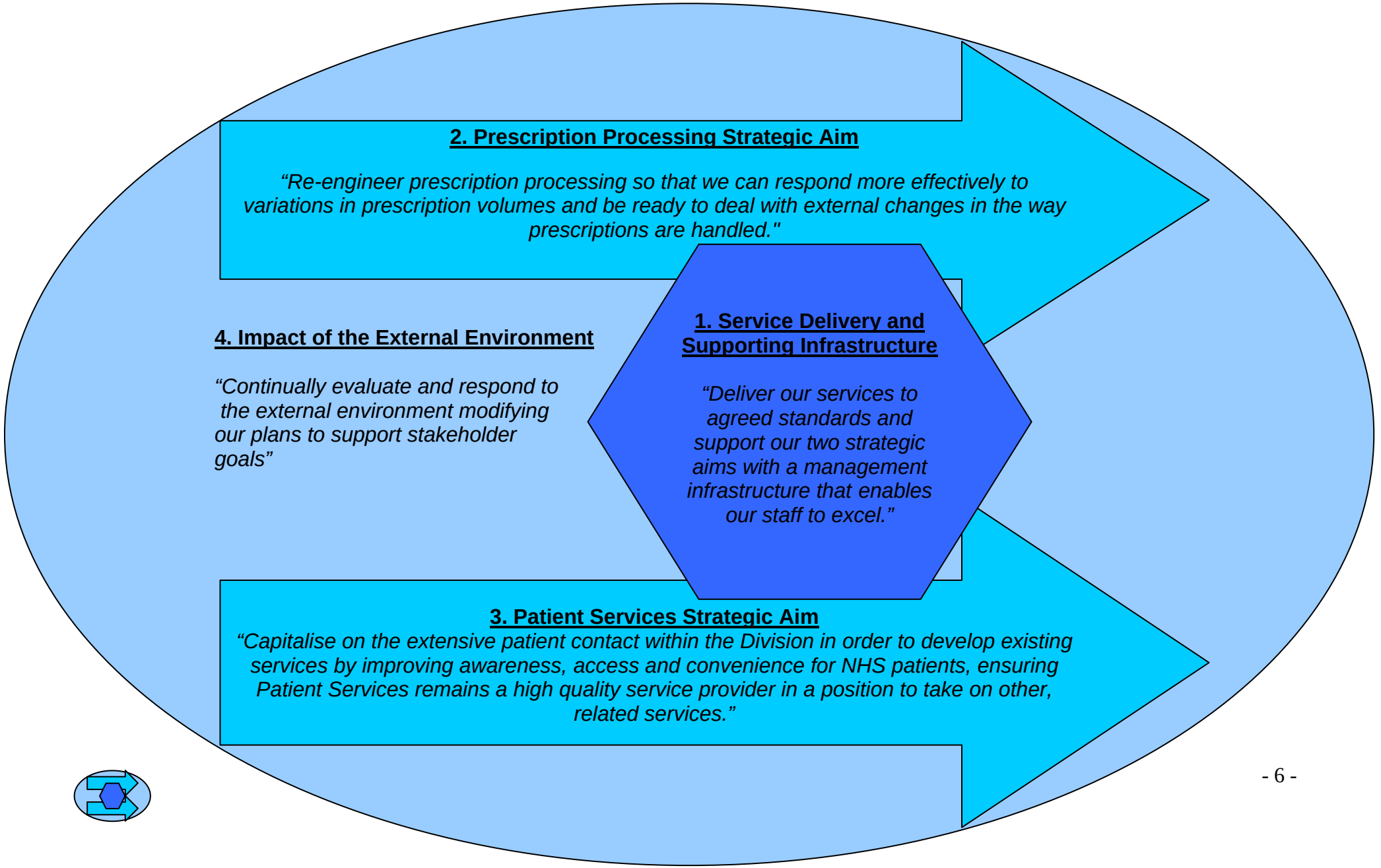
Section 4 – Impact of the External Environment.

“Continually evaluate and respond to the external environment modifying our plans to support stakeholder goals.”

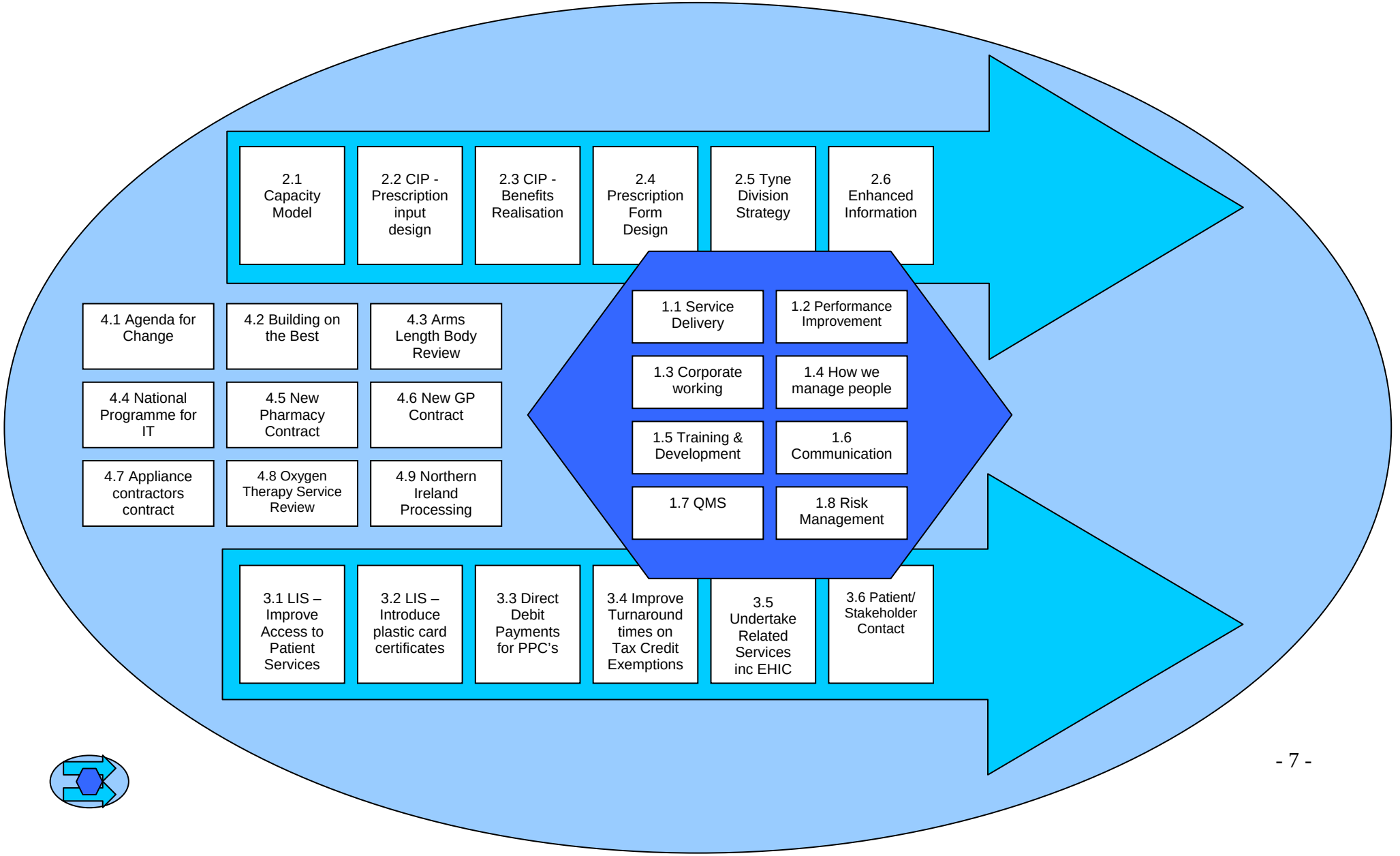
This section briefly outlines the key external drivers which we have considered when drawing up this plan.

All four areas are interdependent and are summarised in the diagram below:

Operations Directorate Business Plan, 2004 – 2007.



Key components of the Business Plan.



Section 1 – Service Delivery and Supporting Infrastructure.

"Continue to deliver services to agreed standards and support our two strategic aims with values and infrastructure that enable our staff to excel."

This section outlines the service delivery and cost targets that we intend to meet or exceed in the first year of this business plan. It also outlines management intentions with regard to the infrastructure of the Directorate, how we work with our staff and the rest of the PPA to support our strategic aim.

1.1 Service Delivery.

At a time of major change within the NHS that will impact on the PPA we will continue to make the delivery of our services our first priority, working to targets outlined in this section.

Service Delivery - Prescription processing.

Ob 1.1.1 *We will complete the processing of Dispensing months March 2004 to February 2005 as per the schedule at Appendix 2.*

Ob 1.1.2 *We will deliver this service at a cumulative staff cost per '000 of £43.33 (at 2004/05 prices) based on our current business processes.*

Ob 1.1.3 *Included in the above costs is an estimated £2.23 per '000 which we will invest in the development of the service and includes staff costs associated with CIP and other programmes.*

The way we measure accuracy is currently under review (objective *1.2.9* refers), however for the first year of this plan we will work to the existing measurement systems and will meet or exceed the current targets.

Ob 1.1.4 *Accuracy of 12 month rolling annual average for January 2005 dispensed prescriptions not less than 97.5%.*

Gross cash variance of 12 month rolling annual average for January 2005 dispensed prescriptions not greater than 0.75%.

Current performance to December 2003 (latest available information) 97.33%.

We are currently investing resource to investigate the latest results to see if there is an underlying trend or any particular reason for the figure being below target and implement plans to improve on this figure.

Ob 1.1.5 *By the end of April 05 we will have completed our analysis of the current accuracy results and will make recommendations for corrective action if appropriate.*

Repeat Dispensing:

Repeat Dispensing has been identified as having the greatest potential to increase prescription volumes among the initiatives currently being implemented with prescribers. It is estimated that the total increase when fully implemented could be as high as 14.5%, however the current take up of the initiative is negligible, despite the initiative being initially introduced more than a year ago.

It is uncertain when repeat prescriptions will 'take off', on balance however we conclude that it is unlikely to be very significant during the first year of this plan, hence the increases expected from Repeat Dispensing have not been included in our planning for this period.

As a contingency however cash resources have been set aside equivalent to 80 wte data entry staff to deal with any increase that does occur. The decision to recruit will be considered each quarter.

Ob 1.1.6 *As part of our quarterly review of Operations we will consider the increase in prescription volumes due to Repeat Dispensing and make recruitment decisions accordingly.*

Liverpool Division

The building occupied by Liverpool Division may be redeveloped at some time in the future, the timing of this possible redevelopment is unclear, the PPA position is that the developer would need (as a minimum) to fund moving the Division to an alternative location. We will monitor developments closely, keeping staff involved and updated at every opportunity.

Isle of Man

We currently operate with a separate Service Level Agreement for the Isle of Man, this is due for re-negotiation in April 04.

Ob 1.1.7 *The re-negotiation presents an opportunity to bring processing in line with mainland pharmacists, we will discuss the feasibility of this change with Isle of Man representatives.*

Service Delivery - Low Income Scheme.

Ob 1.1.8 *We will take steps to achieve the following quality and clearance targets:*

Clear 99% of all complete claims within 15 working days of receipt.
Clear 99% of re-submitted claims within 5 working days.

Clear 99% of miscellaneous items and refunds within 5 working days.
Clear 100% of Treat Official and Review cases within 5 working days.
Clear 100% of Private Office and MP Letters within 5 working days.

To assess 97% of LIS claims accurately.

LIS 'observation' and 'refund' accuracy of 94%
'Code B' observation accuracy rate of 97%
Correspondence accuracy rate of 90%

Service Delivery - PPC / Medex / Matex applications.

Ob 1.1.9 *We will clear 99% of applications within 5 working days.*

Ob 1.1.10 *We will achieve the distribution of accurate certificates in 97% of cases first time.*

NB. LIS and PPC clearance rates are measured from date of receipt by PPA to date work is actioned. Distribution times are monitored separately.

Service Delivery - Tax Credit NHS exemption cards.

Ob 1.1.11 *Over 45% of NHS Exemption Cards linked to annual Tax Credit awards will be issued prior to the end of June 2004 (dependant on successful transfer of data by Inland Revenue prior to May 2004).*

We will process and issue the remaining monthly updates within 18 days of receipt of data from the Inland Revenue.

Service Delivery - Customer Contact Section.

Ob 1.1.12 *We will answer 80% of all calls within 20 seconds.*

Ob 1.1.13 *We will ensure that the abandoned call rate does not exceed 5% across all call types.*

1.2 Performance Improvement.

As a Directorate we remain committed to improving performance by working within existing processing frameworks, a number of particular initiatives are to be progressed in the first year of this plan.

Performance Improvement - Prescription processing.

Performance improvement within prescription processing is particularly significant as it increases our capacity without recruiting more people. The technological step change that the CIP offers may result in fewer staff being required and therefore it is particularly appropriate to avoid recruitment wherever possible.

In prescription processing it is anticipated that these initiatives will deliver our efficiency target saving of 2%, as specified in the Capacity Model.

Ob 1.2.1 *Evaluate the potential benefits of training P2 staff to Pf and extend the current plans for this further as appropriate.*

Ob 1.2.2 *Implement the new P2 chart, by the half year estimate the impact on performance.*

Ob 1.2.3 *Work through the 'Prescriber Codes' Greenbelt Team:*

To investigate the issues surrounding the processing of prescriber code information and, by September 2004, produce recommendations to improve the process.

To reduce the number of prescriber code queries referred to Prescriber Information, and the time and cost associated with them, by 60% from September 2004 dispensed prescriptions.

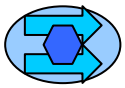
Ob 1.2.4 *Work through the 'Support Services' Greenbelt Team:*

Reduce the 'cost per 000' of the core registration process by 10% overall within the Directorate by March 2005.

Reducing the amount of time spent on administration tasks by 40% by March 2005.

Increase the daily throughput capacity of the numbering machines by 15% by March 2005.

Restructure Support Services in alignment with the structure of other departments within processing divisions.



A proposal will be submitted to the SMT during April 2004 and agreed recommendations will be rolled out to all divisions by September 2004.

Ob 1.2.5 *Working through the "Prescription Searches" greenbelt team:*

Provide consistent service to customer.

Reduce quantity of searches undertaken.

Reduce unit cost by 30% by March 2005.

Liaison with Estates will take place should changes to warehouse storage arrangements be required.

Ob 1.2.6 *Implement a procedure for reviewing closed greenbelt projects in order to identify good practice and lessons learnt for future projects and also to establish that the implemented handover and control processes have been effective at holding the gains".*

Projects to be reviewed during the first year of the plan will be:

- *Recruitment*
- *Training*
- *PF*
- *Sunset*
- *Switching.*

Ob 1.2.7 *Implementation of Hospital Epact.net.*

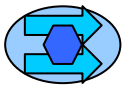
Work with IT Directorate to ensure implementation of Hospital ePACT from 1st April 2004.

In consultation with Unison and HR Directorate plan the disbanding of the Hospital Services Team for August 2004.

Ob 1.2.8 *Work with IT Directorate to ensure a successful testing and rollout of the MDIS replacement system.*

Ob 1.2.9 *Work with Pharmaceutical Directorate through the Accuracy Working Group to develop measures of accuracy fit for purpose and of relevance to stakeholders and staff.*

Ob 1.2.10 *Working with IT and after consultation with DSRU, Operations will devise and implement an PC based database to capture and distribute Prescription Event Moniotoring data by May 2004 allowing for the removal of the current process from the Sun system.*



Performance Improvement - Low Income Scheme.

Ob 1.2.11 *We aim to deliver this service at a cumulative cost per unit of £3.30 (based on 2003/04 costs), this represent a 15% saving from the 2003/04 target and a 21% reduction in real terms over the last 3 years.*

We will investigate the use of IT infrastructure to modernise the Low Income Scheme, including:

Ob 1.2.12 *Implement automated assessments of Low income Schemes claims by May 2004, via introduction of PC's for all Assessors and use of the 'Excel Claims Calculator'.*

Ob 1.2.13 *Investigate the benefits of imaging LIS claims, to remove the manual registration process and reduce/ remove the requirement to refer to hard copies of case papers for queries, work with IT to establish feasibility/ implementation, report by March 2005.*

Ob 1.2.14 *Investigate the benefits of amalgamating the data records for the different streams of work into a single system, work with IT to establish feasibility/ implementation, report by March 2005.*

Ob 1.2.15 *Investigate the benefits of introducing a system to track miscellaneous correspondence, work with IT to establish feasibility/ implementation, report by March 2005.*

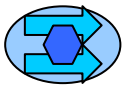
Ob 1.2.16 *Investigate opportunities/ benefits surrounding the implementation of PC's for Assessors, including the automation of administrative tasks and removal of manual HBD02 statistics sheet, work with IT to establish feasibility/ implementation, by March 2005.*

Ob 1.2.17 *Complete Greenbelt project reviewing practices surrounding correspondence, enclosures and the 'Return To Assessor' cases to achieve the following goal statement:*

- *Raise the standard of all written correspondence*
- *Reduce the cost per claim by improved efficiency and better use of resources*
- *Focus on improved customer service by reducing turn around times*

Investigation to be complete by September 2004, with implementation by March 2005. The project is inter-linked with Estates review of printing functions within the PPA.

Ob 1.2.18 *Implement system to handle claims received in Welsh by September 2004.*



Performance Improvement - PPC / Medex / Matex applications.

Ob 1.2.19 *Implement an improved version of live keying from scanned images on Medex/ Matex applications by April 2004.*

Ob 1.2.20 *Implement live keying from scanned images on PPC's. A phased approach is anticipated moving from renewal applications, to those involving card payments and finally those involving payment by cheque, completion by March 05*

Ob 1.2.21 *Achieve a 33% improvement on production levels on work that is scanned.*

Performance Improvement - Tax Credit NHS exemption cards.

Ob 1.2.22 *Set up quarterly service reviews with Inland Revenue, assuming their co-operation, with a view to improving current services*

Ob 1.2.23 *Investigate conditions for achieving 'trusted source' status with the Inland Revenue, if a process exists, take steps to achieve this status.*

Performance Improvement - Customer Contact Section.

Ob 1.2.24 *Establish training requirements for Customer Contact Officers, ensure current staff are trained to this level. Promote high take up rates on NVQ programme in Customer Service.*

Ob 1.2.25 *Incorporate voice recording software into the working of the section identifying the benefits and demonstrating VFM.*

Ob 1.2.26 *Review appropriateness of contact hours operated by the Customer Contact section by December 2005.*

Ob 1.2.27 *Investigate technology options surrounding automated telecomm's system including 'voice recognition' for automated form ordering, results by September 2005.*

1.3 Corporate Working.

We acknowledge that the success of the PPA depends on each Directorate pulling in the same direction, in order to achieve this there needs to be strong links between Directorates. The Operations Directorate is committed to nurturing these links for the purpose of continued dialogue and agreement on the way forward for the benefit of the entire organisation.

The **key links** that are important during the first year of this plan are outlined here:

We will work with Pharmaceutical Directorate:

to continue to simplify 'the Rules' for prescription processing, and extend this work beyond Pharmacy.

Ob 2.2.4 Rules Engine

to specify the key elements in CIP.

Ob 2.2.6 CIP pilot requirements and implementation

to assist with Tyne Strategy in the first year

Ob 2.5.4 Discussions with Channel Islands
Ob 4.5.1 Oxygen therapy services review

to define a new measures for the accuracy of prescription processing that will be meaningful to stakeholders.

Ob 1.2.9 New accuracy measure.

We will work with IT Directorate:

to continue the development of Patient Services systems to increase our performance and flexibility to our customers, specifically:

Ob 1.2.13 Imaging LIS claims
Ob 1.2.14 Amalgamating databases
Ob 1.2.15 System to track miscellaneous correspondence.
Ob 1.2.16 Automation of administrative tasks and statistics.
Ob 1.2.18 Welsh claims.
Ob 1.2.19 Live keying from Image on Medex/Matex
Ob 1.2.20 Live keying from image on PPCs
Ob 3.2.1 Plastic card certificates
Ob 3.3.1 Annual Direct Debit payments for PPCs

Ob 3.3.2	*Feasibility of monthly Direct Debit*
Ob 3.4.1	*Tax Credit turnaround time*
Ob 3.5.1	*E111*
Ob 3.6.3	*Corporate Helpdesk*

to use the time designated to the CIP prototype to establish the best possible specification for the CIP pilot.

Ob 2.2.1	*KAYS*
Ob 2.2.2	*Exception Handler*
Ob 2.2.3	*Tracking System*

to achieve the best possible performance improvement during the CIP pilot.

Ob 2.2.6	*Pilot specification and implementation*

to achieve the first year objectives detailed in the Tyne Strategy.

Ob 1.2.7	*Hospital ePact*
Ob 2.5.1	*Dispensing Doctors Greenbelt team*
Ob 2.5.2	*PADM processing Greenbelt team*

to achieve our objectives regarding the prescription form design.

Ob 2.4.1	*Maintenance of DoH prescription forms website.*
Ob 2.4.4	*Liaison regarding new DoH initiatives.*

to achieve a smooth replacement of the current MDIS systems.

Ob 1.2.8	*MDIS replacement*

We will work with the Finance (and Estates) Directorate:

to establish an estates and telecommunications strategy that meets future processing requirements.

Ob 1.2.25	*Voice recognition for automated form ordering.*
Ob 3.2.1	*Plastic cards for HC2 & 3*
Ob 3.3.1	*Instigate system to deal with Annual Direct Debit payment for PPCs by March 05.*
Ob 3.3.2	*Produce feasibility study for Direct Debit instalments by March 05.*
Ob 2.4.5	*Best value from printing contract.*

We will work with HR Directorate:

to meet the training and development needs of our staff.

Ob 1.5.5 *Liaison with Corporate Training Team*

We will work with the Planning & Corporate Affairs Directorate:

extending the current work associated with the re-launch of Patient Services into a longer term relationship for promotion of the services managed by the division.

Ob 3.1.1 *Promotion of Patient Services*
Ob 3.1.4 *Accomplish the name change to Patient Services.*

to establish an appropriate model of the Corporate Helpdesk.

Ob 3.6.3 *Corporate Helpdesk*

to establish a Corporate QMS.

Ob 1.7.2 *Corporate QMS*

1.4 How we manage people.

Values and Behaviours.

The Directorate is committed to the PPA Values and Behaviours:

> Treat people fairly and with respect.
>
> Listen to people and be honest and open when dealing with the Authority and its stakeholders.
>
> Lead by example, set and communicate a clear direction and empower people to take responsibility and deliver.
>
> Be personally committed to continuous improvement in all activities.
>
> Achieve better results through working together to meet common objectives.
>
> Place Authority business objectives before personal work objectives.
>
> Tackle unsatisfactory or unacceptable behaviour and performance.

Ensuring that these Values and Behaviours are in use within the Directorate is a cultural issue that is addressed in many ways, however some key ways in which we will influence the culture will be to

Ensure the Values and Behaviours are visible and are given credibility.

Lead by example.

Relate decision making to Values and Behaviours to demonstrate their meaning.

Training and Development

The Directorate is committed to training and development with planned activity more than three times that of previous years. This activity is designed to support our strategic objectives by giving those individuals that want it, the opportunity to increase their skills in areas related to their work.

This theme is covered in greater detail in the section on Training and Development.

High Performance Organisation

The external driver for this initiative is coming to an end, however we are still committed to the concepts introduced to the Directorate and seek to continue to focus on these through the following objective:

1.4.1 *A pack of information detailing the key drivers of the HPO initiative will be produced to act as a refresher for staff who have been through the process and a complete course for those that have just joined the Directorate.*

Staff Attitude Survey and Other Feedback

We appreciate feedback from any source on how we manage people within the Directorate, including, of course, the Staff Attitude Survey. We will respond to feedback in a positive manner seeking to improve our own performance.

Improving Working Lives

We will further encourage the 'IWL' culture to permeate the way we manage the Directorate encouraging greater flexibility for our staff, recognising that accommodating requests for flexibility of working terms and conditions acts as a powerful motivator at the individual level.

1.4.2 *Carry out internal assessment against Practice Plus standard by 30 June 2004*

1.4.3 *Achieve Practice Plus Status by 31 January 2005*

Investors in People

We are committed to the standard and are conscious of our responsibilities. These are areas of concern that are reflected in other areas of this plan, however we also have specific roles to play in the Corporate context:

1.4.4 *Participate in the internal assessment against the Standard due by 31st October 2004.*

1.4.5 *Achieve IiP re-accreditation by 30 June 2005*

Equality and Diversity

We are committed to the promotion of Equality and Diversity throughout the Directorate, specifically we will:

1.4.6 *Deliver training and awareness sessions to all staff before 30 November 2004.*

1.5 Training and Development.

We consider Training & Development to be a key activity in creating the environment in which staff can achieve their own objectives and hence support the Directorate and the PPA objectives. The size and uniqueness of the Operations Directorate demands that Training & Development is managed in house with a network of Area Training Managers, Operations Managers and Training Manager posts. However the Directorate wants to work closely with the Corporate Training Team such that training interventions are made by the most appropriate group, this will require liaison between the two, which should be both ad hoc and formal.

The focus of Training and Development over the life of this plan will move from a concentration on technical training for probationers and existing staff to the development of more generic skills within the Directorate. Such skills support the two strategic aims outlined in this plan, both of which demand that all levels of management are able to work through people to deliver change.

The key steps of this new approach are:

Step 1 – Effectively identify specific needs for Training and Development by the use of Appraisals and Development Centres.

Step 2 – Deliver to these needs. The new role of the Directorate training staff will be to ensure training and development is undertaken by offering a range of options to the individual such as e-learning, internal & external courses and other methods of self study.

Step 3 – Evaluate the worth of individual training and development initiatives and attempt to evaluate the fit with and impact on Directorate objectives.

The objectives that relate to the first year of this plan are as follows:

Ob 1.5.1 *By July.04 .Co-ordinate the personal development outcomes of the appraisal system and develop training options to meet the demand.*

Ob 1.5.2 *By May 04 to be in a position to run Management Development Centres:*

- *To Wholly or in part to objectively assess candidates for entry into the PPA*
- *As a process to identify development requirements for Managers*
- *As a tool for succession planning and promotion.*

Ob 1.5.3 *As an outcome of each of the development centre co-ordinate the training requirements identified and raise recommendations on the appropriate training method delivery.*

Ob 1.5.4 *By March.05 to have trained an additional 16 staff in the greenbelt techniques.*

Ob 1.5.5 *Through quarterly meetings in June, September, December and March.05 Work with the Corporate Training Team to identify the most appropriate training to meet a given need.*

Ob 1.5.6 *Provide support and testing facilities to all staff who volunteer to undertake the ECDL qualification using the NHS Portal*

Ob 1.5.7 *By September .04 to have undertaken a benchmarking exercise on the effectiveness of training methods used in external organisations.*

Ob 1.5.8 *By October.04 to have developed a Divisional training and development database to capture an individuals specific training portfolio.*

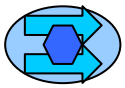
Ob 1.5.9 *By December.04 consider the need for conducting a cultural audit across all sites,.*

Ob 1.5.10 *As a rolling two year plan during 2004/06 encourage Team Managers to pursue a recognised management qualification.*

Ob 1.5.11 *Through Quarterly training bulletins raise the awareness of all staff on the training and development activities and opportunities available.*

Ob 1.5.12 *By the end of May 04 we will have launched a Management Development Framework which will assist managers to deliver their own staff's training and development needs.*

Ob 1.5.13 *The Management Development Framework referred to in 1.5.12 above will be subject to an initial evaluation by March 05.*



1.6 Communication.

Effective communication is the key to Operations Directorate realising its objectives and it is one of its fundamental values.

It is recognised that improved communication will only be achieved by consistent effort on the part of everyone.

The communication strategy aims to get the right information from and to staff at the right time in the appropriate way. The strategy will ensure that:

- Staff have an understanding of core business goals and priorities
- Staff have up to date accurate information on which to base decisions and actions
- Staff participate in the flow of information up, down and across the Directorate
- A range of methods will be used to improve the flow of communication

Communication Activities

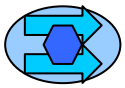
The methods and activities, which will continue to be used, are listed below, and their use and implementation reviewed regularly to ensure that they remain useful, and valid:

- Team briefings
- Directorate briefings
- Staff consultation groups
- Transition sessions
- Briefing notes from Staff Side and Operations Management Meetings (we will aim to have these sent out within 48 hours of meetings taking place)
- Intranet updates
- Post briefing process to confirm delivery of briefings and to manage feedback upwards.

The following specific actions will be undertaken to ensure the communication strategy is effective:

Ob 1.6.1 To carry out Business awareness sessions with all staff by June 2004

Ob 1.6.2 *Investigate results highlighted in the Staff Opinion Survey 2003-04 relating to communication, identifying specific areas for improvement and implementing any recommendations by Oct 2004*



1.7 Quality Management Systems.

Within the Operations Directorate we operate two Quality Management Systems, one covering prescription processing, the other covering the functions carried out by Patient Services.

This separation is sensible given that the two functions have been managed as two entities for so long, and integration of these is a comparatively recent activity. However we do not rule out merging the two QMS systems in the future, especially in the light of the corporate objective to have an integrated QMS for the whole of the PPA.

The Operations Directorate QMS systems are intrinsic to our service delivery functions. Over the coming year we will continue to promote the ethos of continuous improvement through managing and developing the QMS as a management tool that has purpose and adds value to business processes.

Ob 1.7.1 *Maintain compliance with ISO 9001:2000*

Ob 1.7.2 *Contribute to the development of a corporate QMS, aligning the Directorate approach where necessary, to achieve corporate aims*

In addition we have a number of specific objectives associated with the prescription processing QMS:

Ob 1.7.3 *Subject to agreement with the Corporate Quality Manager, conduct a feasibility study to assess the advantages of migrating e-QMS to a more effective media. If proved feasible, to complete migration by March 05*

Ob 1.7.4 *To undertake a comprehensive review of all QMS documentation and to have completed all outstanding revisions necessary to reflect the current Directorate structure and working practices, by March 05. Thereafter, to ensure on-going procedural reviews are conducted as part of the QMS*

Ob 1.7.5 *In order to develop external networking, identify suitable, national Quality Associations of which to become members*

Ob 1.7.6 *By May 04, in consultation with Senior Managers, produce an annual Audit Plan designed to assist with the achievement of business objectives as well as monitoring compliance with ISO*

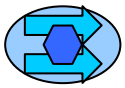
Ob 1.7.7 *Improve the audit process by training a selection of experienced Auditors as Directorate Lead Auditors*

1.8 Risk Management and Business Continuity Planning.

We will continue to re-evaluate the Directorate level risks as part of the management review process, taking action and referring to Corporate level as appropriate. The Directorate Risk register is shown in Appendix 4.

We will also manage risk as part of our project management processes and in line with Prince 2 recommendations.

Business Continuity plans exist for appropriate risks facing the Directorate, these will be reviewed and tested in accordance with PPA policy in these areas.



Section 2 – Prescription Processing Strategic Aim.

"Re-engineer prescription processing so that we can respond more effectively to variations in prescription volumes and be ready to deal with external changes in the way prescriptions are handled."

2.1 The Capacity Model.

The Capacity Model remains the key model used by the PPA to predict our ability to continue processing prescriptions, it matches our anticipated processing capacity to the expected prescription intake and forms the basis for our long term planning.

The current version of the model extends to 2015.

Key assumptions on prescription intake:

By 2015 monthly prescription intake increases to 106m items, more than double the current level of around 50m, the assumptions that generate this figure are:

(i) Current 5% per annum background growth.
(ii) Cumulative growth due to Repeat Dispensing at around 2%, 7% and 14.5% by the end of years 04/05, 05/06 and 06/07 respectively.

Key assumptions on processing capacity:

The Capacity Model predicts that prescription intake will out strip our ability to process around December 2007. The assumptions used to predict our processing capacity are:

(i) Current accommodation and efficiencies result in a maximum processing capacity of 69m prescription items per month.
(ii) Efficiency improvements of 2% in 2004/05 and 3% in years 2005/06 and 2006/07.

Supporting the Strategic Aim.

As the Capacity Model predicts a shortfall in processing capacity in the relatively near future the Directorate has been pursuing, and will continue to pursue, the strategic aim as stated.

During the life of this plan:

Ob 2.1.1 *We will conduct a quarterly review of the assumptions supporting the Capacity Model.*

In pursuing the strategic aim to re-engineer our processes the focus will shift from a capacity issue to a process issue, i.e. the key relationship will be between the numbers of prescriptions processed using traditional processes, the re-engineered processes and prescriptions transmitted electronically.

Ob 2.1.2 *In order to understand the implications of this process mix we will produce a model which can be used to demonstrate the impact of the various scenarios on the organisation's ability to process prescriptions.*

Capacity Improvement Programme (CIP), Operational Model.

In order to assess the impact of the proposals for re-engineering prescription processing the Operational Model has been produced which feeds the enhanced output figures into the existing Capacity Model.

The Operational Model uses current assumptions about the re-engineered processes to determine the efficiency improvement, and hence increased capacity, following conversion, it then applies this to a notional 'rollout' programme across Divisions to plot the new maximum capacity. It also determines cost savings based on the current cost per '000 measure.

The Operational Model demonstrates that based on current assumptions rollout of the new processes would extend the PPA ability to meet processing demand from April 2007 to at least April 2012 without increasing existing accommodation.

A flow chart explaining the re-engineered processing model is shown in Appendix 3.

Ob 2.1.3 *We will conduct a six monthly review of the assumptions supporting the CIP Operational Model.*

2.2 Capacity Improvement Programme (CIP) – Prescription Input Design.

Prescription input design is the part of CIP concerned with defining the system requirements, working with the IT Directorate to produce the system and then proving this through the prototype and pilot stages.

Work carried out during 2003 has been categorised as 'Proof of Concept' and achievements of this stage can be summarised as:

(i) Demonstrated that imaging of prescriptions is technically feasible and can be carried out at acceptable speeds.
(ii) Demonstrated that Intelligent Character Recognition (ICR) can be used to significantly improve efficiency at Process 1.
(iii) Demonstrated that Keying from Image (KFI) is feasible.
(iv) Creating the initial specification for the prototype versions of KAYS, the exception handler, the tracking system and the interface with the legacy system
(v) Developed a spreadsheet model to evaluate impact of current assumptions regarding CIP on processing capacity (the Operational Model).

In order to progress this work a number of objectives are set out for the first year of this Business Plan.

Ob 2.2.1 *Evaluate the performance of the prototype KAYS process particularly with regard to:*
- *Memory codes*
- *Intuitive codes*
- *Training*
- *Rate of increase in performance of operators.*

Modifying the design and re-evaluating where necessary.

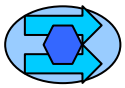
Ob 2.2.2 *Evaluate the performance of the prototype exception handling process particularly with regard to:*
- *The effectiveness of streaming*
- *Product look up facilities*
- *Percentage and types of exceptions.*

Modifying the design and re-evaluating where necessary.

Ob 2.2.3 *Evaluate the performance of the tracking system, modifying the design and re-evaluating where necessary.*

Ob 2.2.4 *Work with Pharmaceutical and IT to establish functioning rules engine capable of pricing at least 80% of items by the time that the pilot is implemented.*

Ob 2.2.5 *Revise the assumptions for the Operational Model based upon the evaluation of the CIP prototypes and upon any changes of*



design specified for the pilot version in time for the 6 monthly reviews.

Ob 2.2.6 *Specify the requirements for the CIP pilot by July 2004. Work with IT and Pharmaceutical in the development, testing and implementation of the CIP pilot in Newcastle division in January 2005.*

Ob 2.2.7 *Prepare a report for the Management Board detailing the results of items/accounts processed through during the User Assurance Test of the pilot version of the CIP processes. Seek authorisation for the implementation of the pilot.*

Electronic Transmission of Prescriptions (ETP).

As previously stated the eventual solution for the Capacity Improvement Programme must be compatible with the electronic transmission of prescriptions as envisaged and developed by the National Programme for IT, and such functionality needs to be ready for April 2005.

In accordance with the Corporate Business plan objective we will:

Ob 2.2.8 *Work with other Directorates to implement the capability to receive and process live electronic dispensed messages from 1 January 2005.*

2.3 Capacity Improvement Programme (CIP) – Benefits Realisation.

Benefits realisation is the part of CIP concerned with the rollout of the re-engineered processes, specific areas of responsibility are:

Communication strategy
Costs/financial planning
Estates strategy
Organisational change
Negotiation with staff side
Rollout
Ensuring business continuity during the rollout
Implications for stakeholders (including agency processing – IOM, Jersey, Guernsey)
Delivering the cost savings, accuracy and service improvements.

Much of this work will be carried out beyond the first year of this plan however some groundwork should be done in the first year, reflected in the objectives below.

Ob 2.3.1 *Identify the scope of the project, particularly in relation to the Pilot, and the interdependencies with 'Prescription Input Design'.*

Ob 2.3.2 *Set up the Project team.*

Ob 2.3.3 *Identify when the project should start.*

2.4 Prescription Form Design.

Control of prescription form design is both a challenge and an opportunity, the challenge is to match stakeholder needs, the opportunity is to make changes that favour the re-engineered processes defined in CIP.

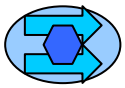
Ob 2.4.1 ***Forms Website*** *– Take over responsibility for the maintenance of the prescription forms website which is currently on DoH site by end of April 2004. Need to consider linking between PPA and DoH sites for easy access and continuity for NHS users, as well as updating the information currently held on site which is out of date.*

Ob 2.4.2 ***Phasing out of FP10C by end of March 2003*** *– Ensure that the phasing out of FP10Cs continues to be communicated where necessary and that PCTs are aware of need to change printing hardware. Continue to liaise with Astron regarding production of continuous forms and their availability throughout February, in order to limit any potential wastage and cost to NHS. Inform PCTs, surgeries who continue to use these forms throughout early 2004 of this impending change and aim to get them compliant with single sheet printing by March/April, or in position to do so before their remaining FP10C stock is exhausted*

Ob 2.4.3 ***Phasing out of FP10HP by end of March 2004*** *– Communicate decision to Astron/Hospital Trusts to stop production from April 2004. Inform Trusts of the steps that need to be taken to obtain FP10SS and overprint correctly, or to order pre-printed FP10NCs. Liaise with Astron to ensure updated list of accredited Trusts is available. Promote the move towards ePACT.net reporting. Ensure Ops processing divisions are aware of changes prior to April and their impact on hospital form extraction. Again, work with Astron to minimise potential waste.*

Ob 2.4.4 ***New DoH initiatives*** *– eg. Supplementary prescribing, repeat dispensing, etc. Work throughout 2004 towards increased number of prescribers using FP10 forms, and liaise with IT systems, scanning team, Operations divisions, to ensure that PPA is ready to accommodate Supp. Nurses, pharmacists, etc. Inform Astron and PPA colleagues of various Pathfinder stages. Also liaise with DoH, Astron, Gp system software suppliers, PCTs, etc to promote consistency of prescribing and printing.*

Ob 2.4.5 ***Best Value from printing contract*** *– Liaise with PASA and PPA Purchasing to determine measurable performance levels for prescription printers. Issue options paper on the future of the form contract to the Management Board by April 2004 and,*



based on their decision, determine (along with NHS Forms Group) whether to commence process to put contract out to tender by no later than July 2004. If so, manage the tendering process with PPA Purchasing and PASA through to September 2005 and achieve effective handover between current/future printers if necessary. Maintain availability of prescription forms throughout this process. Ensure that customers receive best service at most competitive cost.

In addition to the above there are a number of longer term objectives which we will be working towards during the life of this plan:

Rationalisation of forms – Continue ongoing policy of DoH to reduce the number of different form types available, whilst increasing the number of prescribers who may use them. Maintain policy of not making forms obsolete without consultation and sufficient "lead-in" period to allow phasing out of current forms and introduce any necessary changes to software. Ensure that prescribers have access to forms on which they may prescribe at all times. Minimise waste.

Counter-Fraud – Discuss any secure prescription form design changes with CFSMS, or any new initiatives which may increase their security. Liaise with prescription printers to ensure that any changes enhance anti-fraud aspect of forms, whilst not significantly increasing unit cost.

Scanning technology – Ensure that any changes to form design/types/overprinting are compliant with latest scanning technology, and allow greater recognition of forms, prescribers and exemption status. Actively promote changes to form layout in order to aid Intelligent Character Recognition, or to facilitate processing by KAYS/ETP.

2.5 Tyne Division Strategy.

This year a specific strategy has been established for Tyne Division, our aim is to bring all areas of Tyne processing in line with pharmacy processing. Eliminating or substantially reducing the differences between Tyne processing and pharmacy processing will address many issues listed below:

Increased flexibility of staff between processing tasks.

Enables Tyne Division to receive help and give assistance to the rest of the Directorate.

Ensures Tyne Division benefits from process improvements adopted for Pharmacy processing but not seen as cost effective to apply to varied fields of work.

Ensures Tyne Division can fully benefit from CIP.

Bonus arrangements can be harmonised.

Tyne Division performance can be compared to other

Training of staff can be standardised.

The life span of the MDIS equipment is limited and Tyne processing needs to be in line with pharmacy to facilitate a move to a replacement hardware platform.

The full Tyne strategy document is included in Appendix 5. Specific objectives for the first year of this plan are detailed below.

Ob 2.5.1 *Work through the **Dispensing Doctors Greenbelt team**:*

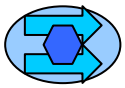
To make Dispensing Doctors processing methods, rulings and equipment more compatible with pharmacy and PF processes and to improve the efficiency of the process by at least 8%.

Pilot the new process beginning in May 2004.

Rollout the revised process by July 2004.

Ob 2.5.2 *Work through the **PADM processing Greenbelt team**:*

To make PADM registration, and processing methods more compatible with pharmacy batch types and improve the efficiency of the process by at least 8%.

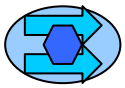


Pilot beginning May 2004 and rollout by the end of July 2004.

Ob 2.5.3 *Use the opportunities provided by Greenbelt projects and Agenda For Change to bring Tyne bonus schemes in line with pharmacy processing.*

Ob 2.5.4 *Discuss with Channel Islands their own strategic aims to assess alignment with those of the PPA . Opportunities for matching Islands processing with English pharmacy to be explored as part of the joint strategic review.*

Ob 2.5.5 *In co-operation with other Directorates consider the implications of changes expected to personal administration arising from the introduction of the new GP contract in 2004. Use this development to reduce difficulties with current processing and to achieve aims set out in Tyne strategy document*

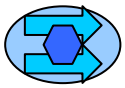


2.6 Enhanced Information.

The Directorate recognises that one of the strengths of the PPA is in providing information to stakeholders. We aim to enhance the information we currently provide by recording a wider range of data, on a valid sample of prescriptions.

The objective links directly to the Pharmaceutical Directorate Business Plan as they will take the lead in analysing what data could be usefully recorded to enhance current information services. We will support this initiative with advice on operational issues and providing resource for carrying out the actual processing of the new data.

Ob 2.6.1 *Work with Pharmaceutical Directorate to advise on operational issues with recording new data fields from a sample of prescriptions, and provide the resource to process the sample as required.*



Section 3 – Patient Services Strategic Aim.

"Capitalise on the extensive patient contact within the Division in order to develop existing services by improving awareness, access and convenience for NHS patients, ensuring Patient Services remains a high quality service provider in a position to take on other, related services."

3.1 Improving Access to patient Services

Delivery of this aim will involve building on our extensive contacts with practitioners, colleagues in the NHS, and patient stakeholder groups (see 3.6). Developments identified to date to improve accessibility and awareness of services are:

Ob 3.1.1 *With effect from 1/4/2004 take responsibility for the promotion of patient services from the Department of Health, including responsibility for the design, printing, storage, distribution of the HC11 series of forms and posters. With the aim of facilitating greater awareness of patient services and expanding promotion methods and the range of distribution points.*

Ob 3.1.2 *Working with disability groups to pilot initiatives such as accepting applications over the telephone and providing new ways of applying/ providing information, by March 2005. Also to ensure compliance with the Disability Discrimination Act.*

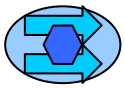
Ob 3.1.3 *Improve the transparency of our services, by fully explaining assessment calculations on HC3 limited help cases, via issue of an assessment breakdown letter by May 2004.*

An important part of the strategy for Patient Services is the name change (from HBD) and relaunch, this helps with the positioning of the Division to accept more work administering schemes that offer services to patients. Although part of last years plan it is important to recognise the name change as it is a significant development for this year.

Ob 3.1.4 *Accomplish the change of name from Health Benefits Division to Patient Services. .*

3.2 Introduction of Plastic Card Certificates

Ob 3.2.1 *Produce a Management Board report prior to May 2004 on the feasibility of issuing plastic card certificates for HC2 and HC3 awards. Aim for final decision by July 2004, any implementation would be September 2004..*



3.3 Direct Debit Payments for PPCs

Ob 3.3.1 *Instigate system to deal with Annual Direct Debit payments for PPCs by March 05.*

Ob 3.3.2 *Produce feasibility study for Direct Debit instalments by March 05.*

3.4 Improving turnaround time on Tax Credit Exemption Cards

Ob 3.4.1 *Establish the feasibility of improving turnaround time on Tax Credit NHS exemption cards. In particular examine more frequent data downloads, faster data processing and card production.*

3.5 Undertake related services

Patient Services will seek to undertake other related services, particularly where there is synergy with existing services, where the PPA can provide expertise or improve efficiency and effectiveness in support of the wider NHS.

Ob 3.5.1 *The PPA has been asked to administer the distribution and processing of the European Health Insurance Card (previously E111), project set up and implementation by March 2005.*

Preliminary costings have already been provided to Department of Health and are being included in a Ministerial submission recommending the PPA as the issuing authority. Key issues are the tight time-scales and the lack of certainty regarding numbers of forms that may be issued in any given year. This would be a significant project involving extensive recruitment, infrastructure, system design, IT development etc. It involves issue of up to 20 million exemption cards per annum, with first year/ set-up cost in the region of £13 million.

Ob 3.5.2 *Maintain dialogue with Department of Health (LIS policy branch) regarding decentralisation of policy work or opportunities as a result of NHS re-organisation.*

3.6 Patient/ Stakeholder Contact

Delivery of the Patient Services strategic aim will involve building on our extensive contacts with practitioners, colleagues in the NHS, and patient stakeholder groups, as well expansion of our successful customer survey programme. By working in partnership, we can plan and develop new services that are responsive to the needs of patients and stakeholders.

Patient Services has direct contact with a client base of 5 million patients. In addition the Customer Contact Section is a unique resource dealing with in excess of 1 million calls per annum from patients and customers of the NHS. It deploys advanced call handling technology to manage the service and is differentiated by size, currently handling more than 80% of all calls to the authority.

These characteristics offer the potential to greatly increase our communication with patients and other stakeholders, a potential that we intend to realise during the lifetime of this plan.

Specific objectives for the first year of this plan, and relating to the strategic objective are as follows:

Ob 3.6.1 *Ensure the smooth transition of PPC Telesales from prolog to this Customer Contact Section.*

Ob 3.6.2 *Build on successful programme of postal customer surveys to establish satisfaction levels in specific areas, there will be a minimum of two such surveys carried out each year of the plan. Postal surveys will be further enhanced by the introduction of telephone surveys.*

Ob 3.6.3 *Results of the Greenbelt project examining the single point of entry concept/ Corporate helpdesk are anticipated during the duration of the plan. Patient Services have expressed an interest in handling this work and would work with the Greenbelt Team to ensure successful implementation of project recommendations.*

Section 4 – Impact of the External Environment.

"Continually evaluate and respond to the external environment modifying our plans to support stakeholder goals."

The PPA, and in turn the Operations Directorate, is affected considerably by changes to the external environment over which it has little or no control. Our view on this is that we have a duty to understand the wider aims of the NHS and must monitor change as it is planned and as it happens.

As a result of this monitoring we must consider how our activities contribute to the achievement of these wider aims, and make appropriate changes to strengthen our support for the aims, as well as offering advice in our specialised areas to other organisations within the NHS family.

This section details the main areas that we know of that are likely to directly impact the work of the Operations Directorate.

4.1 Agenda for Change.

We are committed to the implementation of Agenda for Change in the manner decided by Management Board and will provide the resources necessary as dictated by the implementation group.

4.2 Building on the Best.

Choice, Responsiveness and Equity in the NHS, December 2003.

This report highlights six priorities for the NHS:

1. The creation of 'HealthSpace' which will allow individuals to record the health care preferences in a secure internet environment, information that could be accessed at a time of need.
2. Access to a wider range of services in primary care.
3. Choice of where, when and how to get medicines, this particularly mentions making repeat dispensing less bureaucratic.
4. Appointment booking service at a choice of hospitals
5. Choice in maternity services and greater choice of care at the end of life.
6. Ensure people have the right information at the right time.

The direction is clear, choice, responsiveness and equity. This report informs our thinking about Patient Services, objectives in this Business Plan outline our plans to increase access to our services, increase the range of payment options, improve the awareness of our services and improve our response times to our customers.

It also informs our thinking on prescription processing, from our plans to deal with repeat dispensing to how we can capture a 'richer' prescriber information set to our plans to develop the prescription form itself.

4.3 Department of Health, Arms Length Body Review.

The Directorate is interested in taking on new tasks that may be available as part of the Arms Length Body Review. We are in a position to offer a professional call handling service as a compliment to any processing or scheme administration activity which we may be asked to carry out.

4.4 The National Programme for Information Technology.

A key aim of the National Programme for IT is to give healthcare professionals access to patient information safely and easily, whenever and wherever it is needed. In order to have complete information available a system for electronic transmission of prescriptions will be provided.

It is anticipated that as well as being more convenient for patients, this should improve safety, by reducing prescription errors and providing better information at the point of prescribing. It will also ensure that prescription information forms part of a patients record.

The PPA as a whole, and in turn the Operations Directorate are committed to these aspirations and we will therefore design our processes to support the final form of ETP as it is made clear.

Specifically the PPA Management Board has agreed to a request from the National programme to bid to carry out a project to assess the current status of pharmacy IT for England, such a project would involve significant resource from the Operations Directorate:

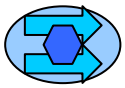
Ob 4.4.1 *If project is awarded to PPA, plan and execute assessments within agreed timescales.*

Ob 4.4.2 *Since this project involves extensive contact with stakeholders, investigate how this contact could be enhanced to serve other purposes.*

4.5 New Pharmacy Contract

The timescale for the introduction of the new Pharmacy contract looks optimistic, however this may have implications for our processes and we need to be ready to respond positively to the new requirements.

4.6 New GP Contract



The introduction of the new GP contract may have implications for our processes and we need to be ready to respond positively to the new requirements.

Non-principal GP prescriber codes

Ob 4.6.1 *Work with IT Directorate to implement a technological solution to the problem of increased prescriber codes either as part of CIP or at an earlier stage as required by stakeholders.*

Payment to Doctors

The introduction of the new GP contract raises the question of the PPA taking responsibility for making payments to dispensing doctors and personal administration claimants. Taking on these payments is a close fit with current PPA activities.

Ob 4.6.2 *Work with Finance Directorate in formulating proposals for the possible transfer of responsibility to the PPA for the direct payments to dispensing doctors and personal administration claimants.*

4.7 Appliance Contractors contract

Ob 4.7.1 *We will continue to monitor the DoH plans in this area.*

One option being considered is to make payment arrangements the same as pharmacists. If this is introduced it would provide the opportunity for all Divisions to process appliances, although consideration would need to be given to payment schedules.

4.8 Oxygen Therapy Services Review

Ob 4.8.1 *Work with the DoH , PASA and other Directorates to plan and implement processing changes arising from the Oxygen Therapy Services Review. Current planned implementation date is April 2005.*

4.9 Northern Ireland Processing

It is possible that we will be asked to process prescriptions from Northern Ireland, in which case the Directorate is ready and willing to take on this work, which represents an increase of around 12%.

Appendix 5 – Tyne Division Strategy.

Strategic Review of Tyne Processing Activities

1. Strategy Statement

Our aim is to bring all areas of Tyne processing in line with pharmacy processing.

2. Definitions Supporting Strategy Statement

Payment arrangements to customers may be different but the processing of batches should be similar regardless of the area of work.

The grading and bonus arrangements to be consistent with pharmacy processing.

Any processing differences are minimal and should only involve a short period of training / familiarization (no more than 1 day's formal training)

3. Background

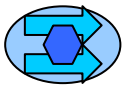
A number of workshops were held between the North East Area Manager and Tyne DMT to examine the issues within the Division and to identify the key attributes needed in the future to meet challenges and changes on the horizon.

The outcome of this review was that there were risks and long term disadvantages in non pharmacy processing being different to mainstream processing. The objectives of the Directorate would be best served by making the processing the same as pharmacy.

4. Reasons

There were a number of reasons for taking this approach

- There is a need to make staff flexible to work across different areas of processing when the need arises to ensure all monthly target dates continued to be achieved
- Tyne Division is unable to receive assistance from other Divisions in some fields of work which makes it vulnerable to staff shortages and potentially unable to achieve cut off dates
- The transition of Divisions to Pf processing restricts the processing of non pharmacy work to Tyne only systems. This limits the assistance Tyne can receive from other Divisions.
- Spare capacity in Tyne Division cannot be utilized to assist with the national task. This limits the effective use of resources
- As the areas of specialized processing are comparatively small in volumes to pharmacy any efficiency improvements and IT changes are sometimes not progressed or are deferred as the cost savings in relation to the development costs are not justified. This means the Division can lag behind other Divisions in gaining benefits from identified efficiency improvements
- There are a variety of different grading and bonus schemes in operation for different areas of processing. This can impact on staff flexibility and multi skilling
- It is difficult to compare the performance of Tyne Division against other Divisions due to the different processing methods in place
- Due to system limitations and specialization capacity planning is restricted to processing non pharmacy work on Tyne Division. There is a need to have the potential for increasing capacity outside the Division to handle any significant and sudden increase in none pharmacy prescription growth
- Managers and staff sometimes feel a sense of isolation from mainstream processing
- There are a number of potential changes to areas of work processed by Tyne Division e.g. appliance contractors, oxygen concentrators, new gp contract. These could impact on volumes and complexity of current processes in place. A strategy framework for influencing decision making in how to handle process changes will be important to have in a time of significant change for the Division



- Training of staff is different and different equipment is required
- The life span of the MDIS equipment is limited and Tyne processing needs to be in line with pharmacy to facilitate a move to a replacement hardware platform.

5. Benefits

Eliminating or substantially reducing the differences between Tyne processing and pharmacy processing will address many of the issues highlighted above. In the main it will align Tyne to the long term objectives and key business drivers set out in the Capacity Improvement Project which are :

- Handling continued growth in prescription volume and complexity across all areas of processing
- Flexibility in processing of FP10's or their substitutes
- Requirement to replace IT equipment and systems which no longer be supported by the supplier
- Reduction in operational costs by automation of current business knowledge, reviewing and simplifying internal processing rules and streamlining current business processes

6. Options

In seeking to achieve the objectives of this strategy a range of options were considered, these are :

1. Change current process to match pharmacy
2. Distribute work across Divisions so all Divisions including Tyne are similar in terms of processing tasks
3. Specialisation. Some areas of processing may be so different to pharmacy that they can neither be changed or distributed across other Divisions
4. Take a longer term view and use the changes arising from the CIP project to achieve compatibility with pharmacy

Bearing in mind the above options each area of Tyne processing has been reviewed to consider the most appropriate action to take to achieve the overall aim of the strategy.

7. Dispensing Doctors

Currently there is a total of 66.4 wte staff (24.1 Process 2 and 42.3 Process 3/4) processing dispensing doctor prescriptions. This represents 51% of the total processing workforce.

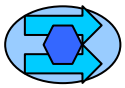
Different payment arrangements exist for dispensing doctors but in terms of processing the main differences are endorsements, fees allowed, high volume vaccine claim form and some internal processing rules. Schedules are sent to PCT Agents for payment

The preferred approach to dispensing doctors is option 1 which will bring the current process in line with pharmacy and adopt the PF approach. The Greenbelt team are aiming for this objective. It is likely that the Switching Greenbelt team is going to recommend the elimination of the NCC (No Charge Contraceptive) Group from pharmacy processing which will in this instance bring pharmacy in line with dispensing doctors.

8. Personal Administration Claims (PADM)

There are 7.5wte staff processing padm claims who in addition assist with appliance contractor processing at the beginning of the cycle. This represents 6% of the total processing workforce.

GP practices (which are not designated as dispensing practices) submit claims for items which have been personally administered using a vaccine claim form and may also submit FP10's. They do not



submit on a regular basis and do not receive advance payments. There is a limited list of items that can be prescribed under personal administration and the fees are different. Also there are no group types and the individual accounts are made up to a batch size of 40 practice claims. Currently there is no P1/ P2 processing on padm accounts. Schedules are sent to PCT Agents for payment.

Personal administration is also relevant to dispensing doctors therefore if dispensing doctor processing can be made comparable to pharmacy there should be no reason why it could not also apply to PADM.

The Department of Health have started negotiation to amend the current arrangements for the supply of personal administration items. This is part of the new GP contract and is expected to be implemented during 2004/2005. In view of these impending changes the Greenbelt project team investigating PADM processing will shift their focus to increasing efficiency with only minimal IT changes.

9. Appliances

Appliance contractor processing is carried out by staff who also process Jersey and Guernsey work . Total staff resource is 8.5 wte on Grade 3 which represents 7% of total processing resource. Assistance is provided by other Divisions and also by the staff processing PADM claims.

Appliance processing is very similar to pharmacy and has already been converted to PF processing with some minor modifications. The appliance intake continues to rise by around 20% per annum and is slow to process due to the high number of 9 digit codes that have to be keyed. There are infrequent submitters and no advance payments are made.

The recommendation for appliance contractors is that in the short term existing arrangements for distributing the workload around Divisions continues. This strategy to be reconsidered when new payment arrangements for appliance contractors are agreed with the DH. One option being considered by the DH is to make payment arrangements for appliance contractors and pharmacists exactly the same. If this is introduced it would provide the opportunity for all Divisions to process appliances although arrangements would need to be agreed on distribution of accounts and they would also require the facility to run their own payment schedules.
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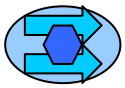
10. Jersey and Guernsey

PPA process prescriptions for Jersey and Guernsey under an agency arrangement. There are significant differences between the Islands and English Pharmacy processing. The Islands themselves have different rules on allowed items, fee rates and charges. The main differences in processing are summarized below:

- No Process 1
- Different Group types in each Island
- Different form types
- Different charts due to different drugs being allowed
- Rule difference eg 30/60/90 days max supply rules
- Different range of endorsements
- Extra reports created from pricing system eg PD1 report,30 day report, CD listing
- Manually priced reports eg Jersey War Pensioners report
- No advance payments
- Payment schedules are dispatched to Islands Authorities for payment

In the short term the option of trying to match Islands processing to pharmacy may have benefits but it would involve a lengthy period of negotiation with the Islands and likely to be time consuming if there is no benefit for the customer. Some minor internal processing changes could be implemented but a long term solution will be more productive. The CIP project provides an opportunity for automating the Islands rules to reduce the complexity of the current process.



The Management Board are keen to retain the Islands business and it will be the intention for Tyne DMT to discuss with the Islands their own view of the future and the PPAs preferred option. This will involve reps from Tyne, Operations BST, Pharmaceutical and IT.

11. Oxygen Concentrators

This area of processing has recently been incorporated into the Business and Technical Support Team of Tyne Division. The staffing levels are 1 Grade 4 (temp) 1 Grade 3 (temp) and 1 Grade 2. This represents 2% of total processing staff. Staffing levels and gradings are under review following restructuring and the creation of a Team Manager post for this team.

Processing of oxygen concentrator prescriptions and reimbursement of associated electricity claims from patients is a pc based system and completely different to other types of processing on the Division. As there are plans to overhaul the way domiciliary oxygen is provided to patients (which will include oxygen concentrators) in 2005 it seems pointless considering any changes to current arrangements. The revised arrangements may provide the opportunity to completely review the process and if possible bring in line with pharmacy processing or the CIP project processing approach.

12. Hospital Forms

The Hospital Services Team is comprised of 1 Grade 4, 1 Grade 3 and 5 Grade 2 staff. This represents 6% of total processing staff

The Division is currently responsible for returning hospital prescription forms dispensed in the community to trusts along with costing catalogues for recharging trusts.
The DH is expected to announce in November 2003 that from April 2004 forms will not be returned to trusts and they will be provided with an electronic system of information – hospital epact. This will eliminate the need for staff to extract the forms from batches and resort for sending to trusts. It will also mean the disbanding of the Hospital Services Team. In the light of these imminent developments there are no plans to change the current processing and to leave it as a specialized task.

13. Support Services

Tyne Division's Support Services Team provides a service to both Divisions 3 and 5. This service covers Tyne's different fields of work and also all pharmacy accounts processed by Division 5. The registration / numbering process is likely to change as a result of Greenbelt projects. The intention will be to bring Division 3 registration / numbering procedures in line with pharmacy, wherever possible. The current staffing levels in Support Services are 1 Team Manager, 1.5wte Grade 4, 2 Grade 3 (temp) and 14.86 wte Grade 2. This is equivalent to 12% of total staff. Portering assistance provided part of the month by Estates is excluded.

14. Help Desk Services

Due to the volume of enquiries from gp practices a dedicated Help Desk manned by two Help Desk Officers (Grade 4) was set up in 1995. More recently the work of the Help Desk has been expanded to include enquiries from all contractors regarding the switching of prescriptions between groups. As part of the Divisional restructuring the Help Desk has been incorporated into the Business and Technical Support Team . A corporate review of the Help Desk services provided by the PPA is currently being carried out under the Six Sigma methodology. It is planned to continue with current arrangements pending the outcome of the corporate review.

15. Process 1

There are 55 Process 1 staff (20wte) employed on the evening shift which represents 16% of total processing staff. Process 1 applies to dispensing doctor and appliance batches. The aim is to apply Process 1 to other fields of processing where this is practicable and cost effective. In the longer term the implementation of the CIP project will result in changes to working practices for Process 1 staff and this would provide the opportunity to standardize Tyne fields of work.

16. Anomalies

The nature of the varied processing on the Division has resulted in differences between groups of staff in terms of grading, bonus payments and quality sampling. To provide flexibility in terms of staff movement across fields of work and in line with the strategy to reduce differences in processing it will, subject to job evaluation, be the intention to standardize the grading of processing staff and their bonus arrangements in line with pharmacy staff. This is more a long term objective and will be addressed as and when opportunities arise. Quality sampling is currently being brought into line with pharmacy Divisions.

17. Timescales

Once this strategy document is approved it will be the intention to brief all staff in the Division regarding its content. This will be planned for January 2004. Local Unison representative to be consulted prior to staff briefings.

Greenbelt project teams need to be advised as soon as possible of the agreed approach so they can bear this in mind during their project deliberations.

Other Processing Divisions and Directorates to be advised in January 2004.

The nature of the strategy means it cannot be implemented by a big bang approach and will need to be phased in over a period of time . A very broad brush estimate of timescales is given below

Dispensing Doctors / Padm - July 04

Appliances - Sept 04

Islands - address short term grading / bonus issues by March 2004. Long term processing compatibility by December 2005

Hospital Forms – July 2004

18.Summary

The strategy set out above considers the ever increasing changes taking place in NHS prescription processing not related to pharmacists. It will reduce vulnerability of processing some fields of work in isolation whilst giving the flexibility to manage the processing across the Directorate. It also gives a focus and steer for the PPA during a period when many changes are expected to the rules for payment in the fields of work processed by Tyne Division.

Keith Ward
Divisional Manager
Tyne Division

18TH December 2003