



Prescription Ordering Direct (POD) service

An independent analysis of patient,
public and carer feedback

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healthwatch
Suffolk


Trusted Insights

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“...depends on what you replace it with. POD is convenient and and efficient. As a disabled person, all I have to do is pick up the phone, five minutes and it’s done. I can’t just go to the pharmacy to order my medication, I rely on my family to pick them up as it is, I can’t expect them to go and order them too. At least with POD I can order my prescription myself.”



Introduction

A brief introduction to this report and the role of Healthwatch Suffolk CIC.

About this report

From 1st October to 22nd October 2023, Norfolk and Waveney Integrated Care Board (NWICB) invited people to share their views of 'Prescription Ordering Direct' (POD) service, as it considered the future of the service.

The POD service is provided by the NWICB to support patients from 18 of the 105 GP practices in Norfolk and Waveney. Under current proposals, the ICB will no longer provide this service to residents as it seeks to respond to national direction by NHS England to reduce running costs by 30% by the start of the 2025/26 financial year.

The aim of the public engagement has been to understand more about the ways that people's lives may be affected if the service is withdrawn. The feedback, which has been gathered by the ICB in an anonymous survey, will support NWICB decision-making about the future of the service and influence its plans for any future provision of local pharmaceutical support.

It is important to note that the survey has not been a part of a formal consultation process. Rather, it has been an opportunity for the ICB to capture feedback from people who use this service, their families and carers on issues such as how they might be impacted if the POD were to close, and the support they might need to be able to access medication in the future.

What has been the role of Healthwatch Suffolk CIC (HWS)?

The anonymous survey was designed, hosted, and coordinated by the NWICB, including all communication and data collection activities. Healthwatch Suffolk has been commissioned by the ICB to provide independent analysis of people's responses to its survey, and to produce this report.

About the survey

The NWICB survey consisted of four qualitative questions. They were:

1. What do you think of the current proposals to close the Prescription Ordering Direct service?
2. What would be the impact on you, a family member or someone you care for if the POD service closed?
3. What support would you, a family member or someone you care for need if the service closed to order your medication?
4. Is there anything else that you would like to add, or you feel we should consider?

Responses were gathered using SmartSurvey, which is a UK-based online survey platform. It was also possible for people to respond to a hardcopy format of the survey.

The survey was anonymous, and it did not ask people to share demographic information (e.g., ethnicity, gender, location or age). It has therefore not been possible to report on the demographic profile of survey respondents.

Prior to data transfer to Healthwatch Suffolk, responses were reviewed by the NWICB to redact any personal information from comments and to respond to any safeguarding issues or concerns. These checks were required to meet the highest possible standards of data protection.

Trusted insights from Healthwatch Suffolk CIC

This independent analysis has been compiled by Healthwatch Suffolk CIC, a social enterprise delivering insight to shape local NHS and social care. Our team provides a range of services to include people in the design of care and support.

Find out more:

<https://healthwatchesuffolk.co.uk/theres-more-to-us/>

Survey findings

Information about the themes identified in people's responses to the qualitative survey questions.

Analytical approach

In total, 2,746 responses to the survey were shared with Healthwatch Suffolk and included in this independent analysis. This amounted to a combined total of 10,331 comments that have been processed and coded into a number of themes described in detail across the following pages.

There was a significant amount of duplication within the feedback, particularly in the responses given to question one and question two. This is because respondents often referenced the impact closure of the service would have on them when outlining their reaction to the proposals.

For ease of reporting, the primary themes that emerged from the feedback for questions one and two are therefore presented together (below), whilst themes for question three are outlined on pages 30-37.

In many instances, responses to question four were a repetition of comments and themes already identified in people's replies to the preceding survey questions. For that reason, they were not coded individually.

Questions one and two

This section of the findings explores responses to questions one and two of the survey.

People's overall feeling about the proposal to close the POD service

Question one asked for an opinion on the closure of the POD service. Comments were categorised by the overall sentiment, or 'feeling' that they expressed. These were:

- **Positive** – comments that were positive about the proposal to close the POD, or welcomed a change to how services are provided.
- **Mixed/ Neutral** – comments that were either mixed in their feelings about the closure of the POD, or comments that did not directly state a preference.
- **Negative** – comments that were negative or concerned about the proposal to close the POD.

Overall, the majority of responses to question one were negative. Of **2,709** comments analysed:

- **2,482 (92%)** were negative about the proposal
- **67 (2%)** were mixed or neutral
- **160 (6%)** were positive

Overall impact of the proposal to close the POD service

Question two asked 'what would be the impact on you, a family member or someone you care for if the POD service closed?'

Rather than give each of these comments a sentiment researchers applied a code to summarise whether there would be an impact for the individual or a family member if the POD service was closed. These were:

- **Yes** – comments which stated or implied that closing the POD would have a negative impact on the respondent, a family member or cared for person.
- **No** – comments that implied closing the POD would have little or no impact on the respondent, a positive impact, or indicated the respondent would be able to easily adapt to changes to the service.
- **Don't know** – comments which stated or implied uncertainty about the impact of the proposal to close the POD service. This included those who said they needed more information about replacement services to be able to comment.
- **Not stated** – comments that did not outline a specific impact (positive, mixed or negative).

Most responses to question two stated that the proposal to close the POD would have a negative impact on people. Of 2,693 comments analysed:

- **2,215 (82%)** said closing the POD would have a negative impact on them.
- **193 (7%)** said closing the POD would have no impact, a positive impact, or that they could easily adapt to the change if POD closed.
- **266 (10%)** said they didn't know.
- **19 (1%)** did not say.

The impact of the proposals (theme analysis)

This section is about people's responses to questions one and two where there is a specific focus on the potential impact of the proposed closure. In many cases, people did not offer specific examples of how their lives may be affected, however impact was implied from references to wider determinants like their rurality, disability, condition or vulnerability.

Primary themes identified from people's responses are outlined in the table below (including detail about the number of references to the themes identified in responses to question one

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and question two). In general, the theme references recorded against each question may be equated to the number of people who commented about each impact, whilst the combined theme total (across question one and two) will include repetition of respondents.

Our detailed breakdown of these themes includes more information about the more nuanced references within them, and examples of people's comments.

Theme	Description	Question 1	Question 2
Impact on primary care or pharmacy	Comments indicating that the proposals will impact on primary care provision in the area. This is inclusive of general feedback about existing pressures in primary care and how GP practices manage medication enquiries.	8% (214)	16% (399)
Digital exclusion	References to a reliance on the POD service because of digital exclusion (through cost, poor broadband availability, lack of digital skill and other similar factors).	14% (374)	21% (514)
Positive about POD ease of access	Praise for the current POD provision, including its ease of use and convenience.	21% (576)	14% (336)
Positive about POD tele-phone service	Praise for current POD provision, including being able to speak to a person about queries or for social contact, and praise for call handler attitudes.	5% (144)	3% (72)
Replacement clarity	People often felt that they could not comment about impact in the absence of information about replacement services. References within this theme were mostly attributed to those who either felt that they were unable to comment through lack of information about the alternative service offer(s) or those who simply questioned what they would use instead of POD. Many of these comments indicated that they rely on the POD service.	13% (350)	16% (384)
Physical exclusion and disability	References to a reliance on the POD service because of disability, problems with mobility, or other physical barriers (e.g., lack of means to travel).	4% (114)	9% (234)
Independence	Comments expressing that the proposals could negatively impact on people's independence to access medication.	2% (44)	8% (191)
Vulnerability	A broad theme consisting of general references to vulnerabilities (e.g., that the POD service is essential for people who are very elderly or living with other vulnerabilities such as mental health concerns).	15% (413)	7% (175)

Using an online system	A small percentage of people expressed comfort about using existing online alternatives like GP surgery website or the NHS app.	2% (62)	2% (40)
Negative about POD	Negative references to the existing POD service.	4% (102)	2% (49)

Table one: Perceived impact of the proposal to close POD.

Impact on primary care

The impact of the POD closure on primary care was a prominent theme in people’s responses to both question one and two. This theme was mentioned by **8%** of respondents (**214**) in question one, and **16%** of respondents (**399**) respondents in question two.

Any comments mentioning a potential impact on primary care were included in this primary theme. Within question one, for example, these comments mostly referred to capacity within the GP surgeries currently using POD to manage repeat prescriptions, or existing challenges with accessing GP surgeries. Therefore, the theme is very broad and inclusive of secondary themes outlined below.

Statements of intent to visit services

People frequently made general statements of intent to visit GP practices in place of POD. These comments were often made in isolation of any reference to personal impact, other than the requirement to engage with primary care.

“We would have to go and request from doctors or pharmacy.”

“My wife would have to go to the surgery to order our meds.”

Existing service capacity

People expressed concerns about existing capacity in primary care and how this was likely to impact on their access to medication were the POD service to close. This included that they may already find it difficult to contact their local GP practice (e.g., because of busy phone lines or restrictive online systems), or that their local practice or pharmacy is likely to be less responsive, and therefore slower, to action medication requests or enquiries.

“Online to our surgery is often closed much before the scheduled time. Phone calls to them are also excruciatingly long (e.g., you are seventh or more in the queue).”

“I believe that closing the POD will affect the health of the community in a negative way. GP surgeries and pharmacies are already under pressure and by closing the POD this will cause extra work for our healthcare providers.”

“Ordering your regular repeat prescriptions from your doctor’s surgery would definitely not work they would need to employ extra staff to cope with the demand plus the fact you can’t get through to them now that easily.”

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"I would have to phone my surgery to request repeat prescription. This would not be easy as trying to get through by phone is problematic with long waiting time before you are answered. With the number of people wanting repeat prescriptions this phone wait would be even longer. Also, patients who are trying to get appointments or to speak to a doctor would also be caught in the volume of calls."

"The problems with this are that firstly it would entail waiting on the phone for ages to place the request and then waiting for it to be executed, which in the past has been several days, and then a trip to the chemist with another wait of several days in order to collect it. By which time, and has happened in the past, I have run out of the medication, therefore entailing another trip to the chemist once the prescription has been made up."

Restricted local access in primary care

Concerns that GP practices do not accept or manage repeat prescription requests, or that they presently refuse to accept requests by telephone contact.

"I work in primary care, and this will have a terrible impact because we are not allowed to take script requests over the phone and people who cannot use internet will be affected."

"Very hard. Our surgery doesn't deal with prescriptions, and I can't always use the internet."

"...Since we discovered this service, it's been so helpful as our Dr does not allow prescription requests by phone anymore."

"We wouldn't be able to order repeat on a regular basis. My mother wouldn't be able to get to the surgery to order in person, our surgeries do not allow over the phone ordering, my mother does not have the internet, computer or smart mobile phone. What other option is there for her? She relies on this service. It took time to get used to it but now she has, she relies on it."

Impact on practice staff

There were at least 31 specific references in question two to 'staff' or 'receptionists' within the context of comments about primary care. A few were negative about the attitude of primary care staff, but most expressed concern about added pressure on GP practice staff and questioned whether the services would be adequately prepared to cope were POD to be closed.

"If the POD service were to close, I would need to visit my surgery each time I needed to get a prescription. Not only would this be difficult for me (I have a debilitating lung condition) but it would also increase the workload of the already very understaffed surgery. The POD SERVICE IS A VITAL PART OF OUR HEALTH SERVICE. It's easy to access, helpful and friendly, and I am sure for many it's perhaps the ONLY point of human contact they get. "

"Inconvenience and putting pressure on GP receptionists to order further medication."

"One assumes that if the POD closes people would have to go back to ordering prescription from the GP practices. Will the practices be ready for the large number of patient calls they will be receiving and be staffed appropriately."



“A huge impact, dealing with the doctor’s surgery and the unhelpful staff again would be a nightmare.

“The surgery would only have one phone line and one person to take prescription orders, the pod staff have 25 as well as direct access to our records. To have to start again having to make a point of going to the surgery to hand the prescription in, isn’t helpful. If the weather is bad or a trip to the surgery isn’t possible for one reason or another, the job would be put off and then more people would run out of their medication, me included!!!”



Impact on system cost

A few comments felt that closing the POD would not represent a cost saving for the ICB, and that the cost for the services POD provides would be moved to other areas of the system (e.g., to primary care). A few people referenced the cost managing issues around the set-up and communication of a new service.

“I think it’s an ill-conceived and short-sighted attempt to make savings at the expense of patients’ welfare and POD staff’ s livelihoods. It will probably end up costing the ICB more in the long run if they closed it down; and I think it would unfairly target the less well off, as the majority of the surgeries who use the POD are in economically deprived areas like Lowestoft and Yarmouth.”

“We understand that the ICB needs to make savings and that its new operating model does not include providing services. There are two issues here and we don’t understand if closing the POD service is to save money or because the ICB should no longer deliver the service. If it is the latter, then surely consideration should be given to who else might deliver the service? If the former, then surely the cost is just being passed on somewhere else within the health service and practices are going to have to pick this up again?”

Positivity about the existing POD service

There were **21% (576)** of comments in question one, and **14% (336)** in question two that made positive reference to the existing POD service. These comments often highlighted a concern about the loss of perceived service benefits. Some of them are described below, together with relevant examples of responses in the survey.

- General positive references to the service.

“We are both in our eighties and the pod is a great help.”

“A huge impact to me I rely on the POD they are brilliant.”

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- People frequently said the POD was easy and convenient to access.

“Three of us within this household use this service at least once a month. On occasions we’ve ordered all of our medications the 3 of us require in one call. It’s a convenient and easy way for us to order our medications. If this service closes, I’m sure we will not keep up to date with ordering and possibly be late in ordering, and of course the inconvenience of a new system.”

“I just can’t put it into words to be honest it’s just so convenient especially for those who are disabled.”

“Back to an absolute shambles of trying to get medication again, yes we might have a bit of a wait sometimes on the phone, but it is so straightforward and a really helpful service without any problem.”

“This is extremely handy, on-line, it’s done, no matter what time or when, very beneficial for very busy people, like myself, takes the pressure off, less stress etc. I use on-line service. Very valuable indeed.”

- The service is quick and responsive.

“Time! The POD has certainly a much swifter answering time than the doctor’s receptionists as I recall. Having at one time deliberately held on for a response from the surgery for one hour, and never got a reply.”

“Potential delay in getting script sorted. At the moment, you ring POD. Request stuff couple of days later you get stuff. How long will it take the GPs to do this???”

- POD offers choice and flexibility suited to those who have fluctuating health concerns or other demands on their time (e.g., work, or caring commitments). In total, **1.6%** of comments (**40**) within question two highlighted that work could be a barrier to accessing a service to manage their repeat prescription if POD was to close.

“Personally I [an NHS worker] feel the impact on the service as a whole closing



“Having something that is this easy and reliable is essential, as being able to call POD has made life easy, and I can fit the calls around my work - I don’t mind being on hold, as I can continue to work whilst I wait.”

“I cannot get to the doctors surgery to hand a repeat prescription in - not easily anyway, and when I can, they have closed. I have tried to order repeat prescriptions on-line, but somehow that resulted in me not receiving medication I had run out of, this was extremely worrying, as I have a heart condition.”



down could potentially lead to delays in obtaining medications. I am able to order medications at any time of day or night without waiting for core hours."

"I commute and work long hours, so I don't have time to go to the surgery or stay on a phone for hours during the week in which to order my repeat prescriptions, so being able to email my request and then having the pharmacy send me a text to say they are ready is really valuable to me."

"If I have to phone the GP to get the repeat - I don't have any time during my workday to sit on the phone in a queue... blocking the phone line into the GPs to do that. I may therefore run out of my meds as I have not had any opportunity to request them."

"It is so easy to contact the POD everyone who gets back to you are polite, kind, and professional. I work very long shifts so would have difficulty ordering my medication any other way."

Positive comments about the telephone service or being able to speak to a professional

Comments about the benefits of having a telephone service to order repeat prescriptions, or deal with queries, were often linked to comments about the usefulness of the POD service. Many comments felt being able to talk to someone directly was important, or highlighted the helpful nature of the staff working for the POD service.

In total, **5%** of comments in question one (**144**) and **3%** of comments in question two (**72**) were positive about the POD phone line. These comments included:

- Comments stating that the POD service offers helpful guidance (not available easily from other services), or that there is reassurance in having a professional to talk to about medication issues.

"I would have to use the NHS app which is not as convenient as the POD. My elderly parents do not have the internet so rely on me to order their medication for them. I know if I have a query, I can speak to someone easily. You cannot talk to an app or a computer about a concern or issue I have. Talking to a computer or app is no replacement for a real-life person who can show empathy and understanding."

"It would have a very negative impact. As well as allowing for repeat prescriptions, the service provides opportunity to raise questions and without this resource it would be necessary to make a telephone or in-person appointment with my GP, which would mean additional work for the practice and inconvenience to me."

"...I particularly value the assistants' advice when I ring up. They are always willing to help."

"The staff who man these lines can give her help with what she can and cannot reorder in regard to restricted ordering procedures. Would another service provide this same level of help. Are not Doctor's surgeries (which I assume would be a possible alternative) already under pressure? Could they cope with hundreds of extra calls from patients requesting medication and where would this leave patients."

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"My husband has so much medication, it's very reassuring when you can talk to an actual person, and they go through everything with you."

"It would have a great impact on us it is so easy and helpful to be able to talk to someone when ordering in case there is a query about the medication as i have experienced."

"...I never worry about my medication as the POD ladies always help me."

- Praise for the attitudes of POD staff and call handlers.

"The impact isn't just on the general public who uses the pod, which has been a great service, but an impact on the people that pick up the phone and deal with our prescription orders. They provide a great service and a happy to help voice at the end of the line. Don't take their jobs. This service works and works well, and it's an easy-to-use service for people like me that are not really computer savvy!!"

"My elderly Dad, who lives alone, used the POD service for many years and enjoyed talking to the POD coordinators. I now manage his medication orders and I use the POD online ordering service most of the time which is super-efficient and allows me to have keep a record of what I have requested. If I don't have access to the internet for any reason, I call the POD team who are always friendly, patient and helpful (sadly something that isn't always the case with his GP practice)"

Impact on vulnerable people, and on people's wellbeing

Many comments highlighted a concern about the potential impact of the closure of the POD service on vulnerable or older people. Many of these comments stated that the person responding was elderly, had family members who were elderly, or had disabilities that would mean they may struggle without the POD service. These comments were often interrelated with other primary themes (e.g., those about digital exclusion and physical access).

In total, **15% (413)** of responses to question one mentioned this theme, and **7% (175)** of responsea to question two. Examples of comments about the impact of the POD closure on vulnerable people included:

"It would be terrible if the pod were to close, a lot of older people rely on this as it is very important because people of an older generation don't understand these apps and would get in a muddle. These services we need are very important."

"I think that this will be devastating for a lot of older and vulnerable people who want to talk to someone about their medication. Not all people have access to the internet or a smart phone, and a lot of these people rely on the POD for support getting their medication. This will stop a lot of people being independent and living an independent life."

Some respondents felt that closing the POD service would negatively impact their mental health or emotional wellbeing. There were many references to stress or anxiety about the decision to close the POD throughout both question one and two. When asked about the impact of the POD closure in question two, **7% (161)** said that they felt that it would impact their wellbeing.

"It would be a disaster and very stressful for me, I already have enough to deal with without worrying about this!"

"As someone with anxiety, I would struggle to order a repeat prescription. I would therefore struggle to keep up with taking my medication."

"I suffer from mental health issues and POD is an easy way for me to sort my prescriptions in a way that I feel comfortable with and in a way that works well. Closing this service will cause me and others like me distress as we are more comfortable with what we know."

"It will make a big impact on me. I have been very poorly recently, and I am on a lot of medication. I am terminally ill with cancer and don't also want the worry of how I am going to get my medication. I have to try and get taxis if go out of the house, and I have mobility and balance issues and don't like to go out if I can avoid it."

"My son has mental health issues. This is one of the things I ask him to do for himself. Not sure how he will order his medication now."



"I consider it to be a short-sighted approach in an attempt to save money with consequences for an ever-growing elderly population, particularly in this region, who are reliant on this service - and alternatives are not accessible to them."



Further examples of these themes are listed within the sections on digital and physical access below.

Concerns about digital exclusion

The POD service has been a significant benefit to people who consider themselves unable to interact effectively with services using digital means. Many comments included a reference to not being able to use digital services or technology, and many expressed concerns that the withdrawal of the POD service may leave them unable to contact alternative services.

In addition to individuals' experience of digital exclusion, many comments expressed that a family member or friend could not access digital services or technology. Some comments expressed a general concern that there were people who would not be able to access a service digitally if the POD was closed.

In question one, **14% (374 people)** talked about digital exclusion, and **21% (514)** in question two. Many people using the service were concerned about the potential to become digitally excluded from equal access to medication. This was particularly true of those respondents with comorbidities and other long-term mobility or health concerns (e.g., because they have a disability, poor access to means of independent travel or are generally too unwell to manage contact with services in other ways).

"I for one, who is visually challenged, find the telephone service of great assistance for ordering my prescriptions. I would find any other system i.e., online very difficult."



"I am a 91-year-old patient and I live alone; I only drive short distances, but I will likely be giving this up in the next year. I used to use the local chemist for my prescriptions but that all stopped. I liked that I could always call the POD for my medication, everyone who works there is pleasant and polite and really helpful.

At my age I struggle with big changes, and I am not into technology. I do not use the internet and don't want to. I have a mobile phone for emergencies, but I don't ever use it and leave it switched off mainly. I want to keep my independence, and this is highly important to me. Being able to phone POD means I can order my own medication, without any help from anyone else."



"How do I order? I do not have internet and cannot get out."

"I will lose the last of my independence, I don't have a computer or mobile phone and I am housebound, so how will I be able to order my medication."

"My friend did not have the internet and only has a basic pay as you go mobile phone. She is currently housebound, so she has no other way of ordering her medication."

Many comments highlighted that continued access to a dedicated helpline, which people could access from a landline, was a crucial enabler for people to be able to retain independence to manage their own medication.


"Whilst the online service is excellent I think the telephone ordering for the elderly needs to carry on. They need to be able to speak to someone & I feel the modern health service does little to help the elderly who are not computer savvy!!!"

"I am reliant upon the service and find the online service very efficient. My mother-in-law of 102yrs. has relied upon the telephone ordering service which has helped her to maintain her independence. She is now panicking and worried about how she will access such a helpful service in the future?"

"If you haven't got access to a computer or not able to use one you would not be able to order online. This will cause stress for the patient knowing that there is no dedicated Number to ring, and they would have to ring their own doctor like any ordinary patient and risk having to wait a long time---putting strain on the surgery staff."

The factors described in people's comments leading to the potential for digital exclusion varied. Some of them are listed below, together with relevant examples of responses in the survey.

“My son with mental health and autism uses the pod to order his medication. It is one thing that he can do on his own and take responsibility for. He does not have a smartphone and does not like putting his details online (this causes him anxiety). He is also unable to leave the house on his own and cannot drive or use public transport. Elderly neighbours that I help look after have no smartphone or access to the internet, so they would be unable to order their prescriptions of which they have many.”



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- A general reluctance to engage with online services.

"I will be lost as I won't go online."

"Terrible impact. Don't have internet, neither do we want it."

- Not having the desire to learn about online services or how to use them.

"It would be terrible. I don't go online too old to learn I would have to get my daughter to do it and she works."

"I order for myself and my husband, I dread to think what other scheme is introduced in place of phoning up. I do not want to learn how to order online."

"It would mean that my elderly relatives who are not able to travel to a pharmacy due to accessibility issues would either have to rely on other family members or neighbours to fill their prescriptions (which is not always suitable or available), and that there would be an expectation that they would have to try and learn how to use either the app (with no smartphone) or an online service, neither of which is suitable as they are not exactly a generation which has had to be computer literate."

- Lack of confidence or skill to use digital services.

"Would find it very hard it's easy to use wouldn't even know where to begin to order online."

"Having to learn a new procedure and i am not computer minded."

"I'm not computer literate, I'd have to rely on someone else."

"Not good on home tech stuff. No computer, laptop, iPad etc."

- Mobility challenges that make it hard to use devices.

"My mum who is 80 uses it to order her own and my sister (who has Down's syndrome) medicines. I have tried to teach her how to use the app but she can't get the hang of it. She has arthritis in her hands and finds using apps difficult. Since we discovered this service, it's been so helpful as our Dr does not allow prescription requests by phone anymore."

- Lack of access to computers or smartphones.

"How else are we to get prescriptions if we haven't computers."

"We will be unable access ordering have no internet or mobile".

"Would have to stop all medication due to not having a computer."

"Elderly without a computer or smart phone. I rely on this service."

"I am a pensioner live alone do not use a computer. Do not have a car. Our village bus

has been discontinued. No family close by. It is hard enough to get to see a Dr. It is almost impossible to get an NHS dentist. How much more difficult do the powers that be need to make a pensioners life. Thank you."

- Poor access to broadband due to coverage or affordability.

"I cannot afford broadband or a mobile phone."

"I can't use online services. I don't have an iPhone or PC and I can't afford to buy one. It's hard enough getting an appointment at my GP's surgery, how long would I have to wait to order medication? Would this cause delays with my medication? Would this make me ill?"



"I don't think my mother-in-law will cope."

"She doesn't have a smart phone and cannot use the internet. I think she will just end up ordering all her medication and ending up with a lot in the house which I think is a safety issue."



Physical exclusion and disability

It is clear from responses that the POD service has been of particular benefit to those who face physical barriers to accessing services. Comments did not always reference specific and defined impacts. Instead, impact was implied from the statement of a particular physical barrier, condition, or disability.

Within question one, **4% (114)** comments referenced difficulties with physical access to services, and **9% (234)** mentioned this theme in question two. In the comments, physical exclusion was a concern for:

- People with physical disabilities or problems with mobility.

"I am disabled and would have no idea how I would manage."

"Terrible impact I am disabled so this would be bad for me."

"I may not be housebound, but I am limited to how much I can get out and also it is weather dependant. It would be too unsafe for me to go out in the wet and snow to post a request through."

"A family member has a long-term health condition which affects their mobility. They, and the rest of the family would find it very inconvenient if this service was closed."

"We both have heart problems. Me with new pacemaker implant and my husband with both heart and kidney disease. I also have moderate to severe osteoarthritis in both knees which makes mobility difficult. This would make getting our many prescriptions very difficult."

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- People with sensory impairment (e.g., being d/Deaf, hard of hearing, or partially sighted or blind).

"I live alone with no family so the impact would be dreadful as I am also very deaf."

"I am extremely hard of hearing and my wife has the authority to order my medication (she also is not into online ordering)."

"For my mother it would be very problematic. She doesn't do 'online' and would find it difficult to even try with declining eyesight."

"It would make it harder for me as I am visually impaired and often struggle with going online. It takes me much longer than for a sighted person."

- People who do not have the means to travel to services:

"My mother cannot easily get to the surgery to re-order as she doesn't drive, and her rural area doesn't have a bus service. POD is the only viable option for her."

"I do not drive and do not have the mobility to walk to the surgery and there is no bus service route from my home to the surgery."

"Would I be able to get to my surgery? No transport. Would I be able to get the service I have enjoyed with POD? No. Would I be able to see a GP or receptionist to get my prescription completely filled out? I doubt it."

"I have no family near, and no means of transport. There are no buses in this village. Doctors is 4 miles away. So please, do not stop this service."

In addition to the comments where people were at direct risk of physical exclusion from services, several comments within question two talked about the impact of making travel a necessity to access their repeat prescription if the POD service were to close.

In total, **6% (154)** of comments within question two talked about the impact of having to travel as a consequence of the POD closure. Comments often reflected that people would have to make more trips to their pharmacy or GP. For those without access to a car, this would mean additional trips on public transport or having to walk to the GP or pharmacy. Some reflected on the additional cost they may incur for fuel or public transport, and how this may put their personal finances under pressure. It was clear in some comments that this would have an impact for elderly or more vulnerable people.

Examples of feedback (structured under these broad sub-themes) included:

Needing to travel

"It would mean having to walk to the Dr. surgery (which would be a real struggle) to take my repeat prescription."

"It would be more difficult unless it was replaced by another system to avoid travelling to the surgery."

"It would impact me bad as our surgery is 5 miles away from us."



“It will make ordering repeat prescriptions very difficult. With POD I order repeat medication, as and when I need it, so it is not just convenient for me, but also vital.”

“My condition means I am confined to home most of the time and cannot always physically get to a surgery or pharmacy. Being unable to directly phone my request in, will create another big problem in my life.”



“More traveling on the car, we live miles from the chemist.”

“Firstly, you never get a reply from the doctor’s switchboard. I have to take two buses to get to the medication.”

Personal cost

“I would have to pay to travel, and it would be inconvenient as I am elderly an on a small pension.”

“More expense to use taxis, bus to collect and order medicines. Not everyone has computers, mobile etc.”

“If the POD closed it would cost me quite a lot of money in taxis to get to the surgery to order prescriptions.”

“I would have to leave my home in the winter and use public transport to drop off my prescription request, thus doubling my costs and journey times.”

“...If we had to physically go to a GP surgery to put a script in like before that would be almost impossible for me and I’d have to find money for taxis to get there and back or rely on neighbours.”

Independence to access care and support

Synonymous with primary themes of digital and physical exclusion, many comments highlighted how the existing POD service has been supporting people’s independence to manage medication. Many were concerned the proposal would take away their independence as they may have to rely on others (e.g., family, friends, or paid carers) to access alternative services.

There were **2% (44)** of comments that reflected on a potential loss of independence in question one, and **8% (191)** in question two.

“My nan relies on this service, taking away POD you are taking away her independence, which she will have to rely on family.”

“Taking what small independence my 82-year-old grandmother still has away from her.”

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"I would have to order for both of my elderly parents. This is something they can do for themselves at the moment and gives them independence."

"I don't have a computer, or the internet and I couldn't go online. I have a problem with my eyes that means I can't use screens. I would rather speak to a human, any mistakes I make get picked up by a person, someone at POD will always advise me if I am ordering too early, the correct medication if I get in a muddle. It would be another loss of independence, it is hard as you get older and independence is taken from you and being able to order my own medications is very important to me for this reason."

"...At my age [91] I struggle with big changes, and I am not into technology. I do not use the internet and don't want to. I have a mobile phone for emergencies, but I don't ever use it and leave it switched off mainly. I want to keep my independence, and this is highly important to me. Being able to phone POD means I can order my own medication, without any help from anyone else."

"I wouldn't be able to order my own medication and like this I would have to get someone to do it for me as I don't have access to the internet, I want to be independent and not have to rely on other people."

A few comments within the theme of independence also highlighted concerns that a reliance on others to support medication management may compromise people's right to privacy related to their health.

"I care for older members of society that do not have access to and cannot use a computerised system. Do not take away more independence by making them unable to order their own prescriptions and rely on other people to help. Medication/health is private to an individual. Many folk do not want to tell other people their medical condition, nor do they wish to rely on other people to facilitate receiving the medication they need."

"Makes life difficult and takes away independence, and personal privacy (if dependent upon others)."

"Obviously we as a family would have to order prescriptions but this affects our mother's confidentiality privacy."

There were **1.6%** of comments (**40**) within question two that were from individuals who were facing isolation, with little or no support from friends or family at all. Coupled with other barriers (e.g., disability or digital exclusion), people worried about how they would access medication in the future.

"As I have no internet, or I phone so I could not cope as family live away."


"Close family members live too far away so would be difficult to get medication."

"Impact would be tremendous as I have no computer, no smart phone and no family that could help."

"I would have to get a power of attorney to do my medications ordering. I haven't got any family to help me and no real support network as many of my friends have passed away. I am 89 years of age; I can't drive and there is no real access to transport anymore."

“I have to order my sons medication as well as he has Alzheimer’s It is so much easier to do both orders via POD than having to mess about trying to get hold of the surgery and / or pharmacy.

“The old way was more time consuming and inconvenient and yet being able to call in and speak to someone is so much easier and reassuring. I don’t use the internet and I haven’t got access to a computer or SMART phone and due to being partially sighted this isn’t something I can do anyway.”



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In many respects, the primary theme regarding loss of independence above also highlights an immediate impact on carers, friends and volunteers. Many feel the loss of the service may mean that vulnerable patients become reliant on carers, family or friends to access their medication.

A total of **7% (179)** of responses to question two mentioned this theme. People highlighted a variety of ways the lives of carers may be impacted by the potential loss of the POD service. They included:

- Caring responsibilities may make it difficult to access services in other ways:

"I can't leave my husband at home as I am his full-time carer and I don't have any family nearby to help me. I don't drive and this service enables me to order our medications and then have them delivered by the Pharmacy to our house."

"I have a disabled child and have to order weekly medicines. It would cause me more problems."

"It would mean regularly having to go out to reorder my mother's prescription and that is not always possible or convenient. A simple phone call is at present ideal."

- The service is convenient for family members supporting relatives from a distance, or who support multiple people:

"I look after my disabled husband and grandson with special needs, both need my support and using the pod saves me time, something, although retired, I have little of."

"It would be extremely difficult as I phone and order my elderly mother's tablets (as she lives some distance away) it is simple and convenient for me to do this at present."

"I manage medication for 3 family members, I'm very used to POD and find they are helpful with any issues."

"As I order for myself and 2 other family members it would impact all 3 of us terribly. Keep the service."

- The loss of the POD service may increase the pressures or stresses on carers, affecting their wellbeing.

"I am an unpaid working carer. The person I care for would have great difficulty delivering prescription forms in person with all the added queuing so I would have to go meaning more stress and another job to fit into an already overloaded schedule."

"Something else, in a stressful world to worry about my husband (90) has 17 prescription items, so quick and easy on POD."

"This will have a very big impact, causing stress and anxiety. Patient has no access to a computer, smartphone, or the internet... he is a carer for his wife who regularly takes a lot of medication and worries that without being able to order medication through POD she may go without medication."



“[My neighbour] is 95, physically fit(ish), mentally amazing, and profoundly deaf. I make the phone call to POD on his behalf (my details are registered on his medical records).

“When I informed him that POD will be closing he was concerned – not for himself but for me. “Will this make it more complicated for you?” He felt that the burden on me, his neighbour, would be increased.”



“It will make it a lot more difficult to order tablets. For my relations it will be a lot harder. They rely on other family members ordering tablets. It is stressful for them as they are elderly, and they worry a lot.”

Clarity of replacement service

Many respondents were concerned about the lack of information about what might replace the POD service. There was some speculation that the closure might facilitate a return to the previous system of dropping off and picking up paper prescriptions from their GP or pharmacy. Some felt they could not state an opinion about the closure without knowledge of what the alternative to the POD service might be.

These comments also included some who said that they rely on the current POD service to order their medication. Many had worries about how they would order their prescription if the POD were to close. Some reflected that they were used to how the current service works and did not want it to change.

Outside of this broad theme, many using the existing online service offered by the POD may not be aware of alternative ways to order medication online. They were concerned about the loss of the service, whilst seemingly not recognising the availability of services like the NHS app. This highlights the need for improved communication about the availability of POD alternatives.

“I don’t mind, as long as they bring out another way of ordering prescriptions.”

“Unless we know what is going to be put in its place – we can’t possibly make a judgement.”

“I’m not clear what service this is. I order my regular prescription via an online form and my medicine is delivered by post from Pharmacy2U. I have in the past phoned up and ordered my medication which is then delivered by post. Are both these options POD? Are both under review or only one? As long as I can order my medication without having to bother the surgery then I would support the proposal to save money.”

“Not sure how it would affect me until given an alternative.”

“I am unsure what alternative there would be, but whatever options there are it would not be as effective or efficient as the present one.”

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"You need to provide a detailed proposal of what would replace the POD service, can you please provide these details?"

"What are the alternatives to POD? I am against people being forced to use apps. How would people be able to get their medication? Can I submit paperwork as before?"

No impact or unknown impact

The extent to which people felt they were likely to be impacted by the loss of the POD service varied across the sample, but some were not concerned that the proposals would negatively impact on their healthcare.

In total, **193** respondents in question two indicated that they were not likely to be impacted by the loss of the service. In most cases, people were either confidently using alternative services (e.g., the NHS app), unconcerned about needing to adapt to a different method of ordering, or confident that a suitable replacement for POD would be found. Some people, responding on behalf of a vulnerable relative or friend, expressed concern for their relative whilst acknowledging the proposals would have little to no impact on their own needs.

"I guess it wouldn't have a great impact on me, but I do find this a convenient way of ordering."

"No impact on me or my family. It will save me spending 30 minutes phoning the Pod."

"Nothing, we struggled with pod and stopped using it anyway, it's easier to use the NHS app or pharmacy app."

"It wouldn't affect me, as I order online. But if someone can't get online. Then how are they meant to do it?"

"For me now, probably minimal assuming there is some other system put in place to order repeat prescriptions, but this service didn't exist when I was caring for a family member and would have been very useful then. It'll probably be a complete pain for people who are currently in the position I was then for it to suddenly go away."

"I'm well equipped to order through another service, but I would assume the community would struggle and patients would again be putting the extra pressure on GP surgeries and pharmacies. The community of Great Yarmouth is largely of the older generation that have just got used to the POD."

Already using an online alternative

A small percentage of respondents in both question one and two reflected that they were already using some kind of online repeat prescription ordering services. This included direct references to ordering using the POD online, through the NHS app, their GP website or other services. These comments implied that the respondents do have the technology and skills required to be able to access repeat prescriptions digitally.

There were **2%** of responses to both question one (**62**) and question two (**40**) that indicated people currently use some kind of digital or online system to order their repeat prescriptions.

"Absolutely fine – the service was not fit for purpose, and I now use the NHS App to provide a much better experience to myself."

"I think the alternative NHS app appears to be working and is easier to use on a mobile. As long as the surgery read any special notes. Obviously, people without computer access will still require to be catered for separately."

"The current system works well, and I find the online system to be efficient and straightforward to use. How will I get my regular prescription if it is closed? Surely more work will be needed at surgeries, and haven't they got enough to do?"

"I use the web system and it's effective in my time and the hopefully NHS staff time. I want this to continue even if in an alternative form. I have used the NHS app before but that was closer and more complex as on a tablet rather than PC."

"I'm fine with it. I never really liked the POD option as it is so long winded and time consuming. I used the NHS App recently to order my repeat prescription and it was so quick and easy."

Negative comments about the existing POD service

Some people reflected that they had had less than satisfactory experiences with the existing POD service. In total, **4%** of comments (**102**) in question one, and **2%** of comments (**49**) in question two, made a negative reference about the existing POD service.

Some people commented about long wait times for the telephone service provided by POD. A few comments gave this as justification to keep the POD, expressing that the service was clearly in demand. A few shared concerns about the financial cost to them of spending time on the phone waiting to get through, but this was also true of those who felt they may face higher call charges if the proposals meant they needed to rely on the services of their GP practice to manage medication issues or orders.

"The phone operatives are always very pleasant and helpful, but the system is appalling. When you are looking after someone with very demanding care needs the last thing that you want is to spend long periods of time waiting in a call queue. I have tried sorting out online ordering – spending a long time inputting various medications for myself and my wife only to be told that our surgery does not deal with this system! There must be a simpler way to sort this out."

"I have never got through to the POD ordering line without queuing for at least 15 minutes, but it's usually better than going online and typing all the details of the pharmacy and the medication etc every time. Both systems are flawed but a full queue in the middle of a Friday afternoon must indicate that the POD system is required."

Some responded with negative comments about administrative issues and delays when ordering through the POD service, or expressed that things were simpler when they could order through their pharmacy. Others felt the service was disconnected from provision elsewhere in the health and care system, with people receiving inaccurate communication about the availability of their medication.

"I agree. It is so frustrating when you have regular medications to order them in time."

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The automatic system by the local pharmacy worked so much better. I often run out of medications using pods."

"I think it should be closed down as it is not fit for purpose. The time it takes from ordering a prescription to collection is outrageous."

"POD is rubbish I've gone back to ordering from the surgery. It's a pain having to fill in all the info every time taking up to 7 days sometimes longer, that's when they bother to process your prescription which isn't funny when you have to take tablets daily and you then end up missing days because of them. I fail to see the point in the middleman, just a waste of money. I say close prescription ordering direct."

"I don't like the POD. Their idea of when prescriptions are ready and the GPs are totally different... I have today received an email from the POD saying my husband's medication has been processed and to collect it within the next 7 days. The reality of it is that the prescription will likely not be ready to collect for another 5 or 6 days, which is longer than the 7 days we are supposed to order in advance I'm not sure if the POD, the Pharmacy or the GP are to blame for the poor service."

"I think it's a good idea. Theoretically, it should have been able to work so much better, but it didn't get the support of the GP surgeries. POD sadly became a well-meaning, but ineffective, middleman. My Mum frequently had issues obtaining her medication and eventually asked me to take over because she became so confused. Between POD, SystemOne online, the hospital and the pharmacy, it became impossible to navigate effectively or safely and there have been several instances where Mum ran out of essential medication. It would be much better to find a way for patients to deal directly & effectively with their GP surgery."

A few people felt that closing the POD could represent a cost saving for the NHS overall. Some of these comments referred to the POD as additional bureaucracy. Others felt it was unfair that the service should only be available to residents in one part of the ICB geographical footprint and not across the whole of Norfolk.

"Prior to POD service being introduced my local pharmacy had the responsibility for reordering my repeat prescription, and it worked well. In my view, the POD introduced a further layer, so I was never a big fan, but I just got used to the process. The proposal makes no mention of what would be introduced, but if it was a similar return to the pharmacy system, then I would think it was a streamlined way of cost saving."


"I think it would be a great shame to lose the valuable services of POD. However, if this is necessary to protect the core NHS services then I support the proposal."

"Totally correct, this is a service that should be provided by the local GP and not a commissioning organisation. Equally, why only in the east of Norfolk? If you want to keep it, then it needs offering to the whole of Norfolk otherwise it leads to postcode lottery."

"The POD is an expensive service, not just in salary costs, but I am aware the rent of the Beccles building is huge. For any of this service to continue I feel staff need to work from home or in a GP practice or group of practices."

“Thank God for that, it’s about time. I dislike the POD system as it costs me a lot of time and money.

When I phone up, I am told we are not taking any calls at the moment, please call back later. Next time I call it’s the same answer. When I do get through, I am in a queue of 50 because I have to go out, I have to wait until the next day. The next day, I cannot phone POD as I have a hospital appointment. By the time I get home, I am too late for POD. Sometimes I have to take only half of my medication, so it lasts till I get my prescription. I prefer the old system as I can take my repeat order into the doctors when I need it. No stress, no trouble, no worries.”



Question three

There were **2,422** responses to question three 'What support would you, a family member or someone you care for need if the service closed to order your medication?'

Key themes identified from people's responses to this question are outlined in the table below. Our detailed breakdown of these themes includes additional information about the more nuanced references within them and examples of people's comments.

Question three was broken down by whether people stated a support need. This summary is shown in table two below.

Theme	Description	References
Additional support needed	A broad theme that included any direct reference to any form of support someone might need.	52% (1,251)
Replacement service unclear	Like question one and two, many respondents stated they needed more information about what might replace POD. Some said they would need this before they knew what their support needs were.	21% (518)
No additional support needed	Comments from people who felt they would not need support to order medication	12% (301)
Re-stated an impact	Many respondents did not directly identify what support they wanted or what needs they had. These comments restated the impact that closing the POD service would have on them. These comments reflected the themes in question one and two (see sections above for more detail of these themes).	15% (352)

No additional support is needed

In total, **12% (301)** of respondents to question three suggested they would not need any additional support if the service to order their medication was closed. In many of these cases, people felt able to manage their own medication, or had access to other ways to order and collect medication. However, whilst people said they would not require additional support to obtain their medication, many lacked information about alternative services.

Additionally, it was common for people to consider their response within the context of their current health status. Whilst people felt able to access services independently now, some expressed that they could become more dependent on the type of provision offered by the POD in the future as their needs for support change. Examples of feedback included:

"I am an 84-year-old widow, but I currently am perfectly capable of ordering and collecting my own medication. I fear that any new system would be much less convenient for me and many others."

"At present, I am still able to arrange my own medication, however, if that changed because of age-related conditions it would be very difficult".

"At the moment, I wouldn't need any support, but I'm not sure right now how else I can order my medication."

"Wouldn't need support as I still work. Where would we be able to get medication from. I order mine monthly through the pod and have never had a problem."

"I personally would not need support regarding obtaining my prescription, just need info as to how to get my repeat prescription."

Replacement unclear

Many respondents felt unable to respond to the question regarding the type of support they needed as they were unaware of the alternative service(s) they could access if POD closed.

In total, **21%**, or **518** respondents, indicated they would need an alternative service but were unaware of what service was going to replace POD. People also commonly made suggestions of the potential services they believed would be taking over. Furthermore, people wanted more information about how they would order medication, or where they could get it from if the POD service closed.

"We don't know what support we would need as you haven't told us what the alternatives to POD are, but we do not possess a computer or an iPhone so we wouldn't be able to order our prescriptions, we are worried sick as to what we will do".

"As I have said, without being advised of the nature of any proposed replacement service it is difficult to assess the resultant impact".

"An option that takes into consideration a person's age and ability to use AI & not take their independence away".

"I would need the same service as Pod provides now if there is one".

"If this service is going to be closed, would it be possible to know with what type of a new system it will be replaced with? Without knowing that I can only conclude that patients will be relegated to the old systems which will require additional personnel either on the phone or at the surgery, to make it more efficient".

"Once again, without knowing of any alternative proposal it is not possible to determine what, if any, support would be required in future. I do know that if there were no alternative there would be occasions when I would find it difficult (very at times) to attend either the surgery or pharmacy to hand in my repeat prescription order due to ever-evolving mobility problems".

Additional support needed

In total, **52%** (**1,251**) of people directly stated that they would need additional support if the POD service was closed.

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A further **15%** of people (**352**) did not state that they needed particular help or support, but did re-state an impact (already reported in question one or question two) which would indicate a need for support if the POD were to close. However, as these needs were implied, rather than stated, they are not included in the tables or themes in this section.

Where support needs were stated (such as the need for help to access digital care, or the need for support to travel to alternative services), they are highlighted under our theme headings below together with verbatim examples of relevant comments.

Many of the support needs identified are synonymous with the themes about the potential impact of the service closure on people's lives highlighted under question one and question two above.

What support do people need?

Theme	Description	References
General	Comments which did not state a specific support need, but made broad comments stating that they would need help or support	8% (191)
Lack of support available	Comments within this theme highlighted there was a lack of support available for people to access help with ordering medication.	4% (88)
Digital inclusion	Comments within this theme highlighted the need for support with digital inclusion. This included the need for equipment to be provided, or support to learn how to use digital technology	3% (79)
Support with travel	Comments highlighting the need for support with travel arrangements to enable people to order, or collect, prescriptions from other services.	2% (43)
Support to monitor medication	Comments within this theme highlighted the need for support to monitor medication and make changes when needed.	0.5% (11)
Support from family, friends and other people	A broad theme, consisting of all comments that referenced needing to rely on someone else to order or collect their medication.	13% (321)
Delivery service	Comments that referenced the need for medication to be delivered.	2% (49)
Alternative telephone service	Comments that referenced the want or need for an alternative service that people could contact by telephone.	9% (219)
Alternative online service	Comments that referenced the want or need for an alternative service that can be accessed online.	3% (70)

Alternative GP/pharmacy service	Comments that referenced the want or need for GP surgeries or Pharmacies to take over the service. This could be either taking orders by phone or physically being able to hand in prescriptions.	12% (295)
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General support

There were **85 (191)** comments where it was clear the individual would need help of some kind, should the POD close, but the respondent did not elaborate on what that support would be.

These comments included:

"Someone to help me"

"My parents would need support with ordering their medication"

"I can manage on my own using the POD system but I would need support if changes."

"I would need extra support to order my prescriptions as I would find it impossible to do that myself."

"A tremendous amount, at the moment it's easy to pick up a phone to use the service"

Digital support and inclusion

There were **3%** of responses (**79**) that highlighted the need for support with using or accessing digital technology. Common support needs regarding digital service offers included:

- General requests for help and support around using digital services.

"If it is an online system, I would need support."

"I would need help to go online and family members can not do this. We do not have access to the internet."

"If it came to ordering on the Internet help would definitely be needed as sometimes the simplest of forms look daunting..."

- Help to access devices (e.g., laptops and/or smartphones)

"A computer and training to use it."

"No internet - no money poor computer - help."

"I would need some way of getting my prescription, need smart phone or computer."

- Access to help and support from another person or professional, including reliance on carers, friends or family members.

"Someone to help with online ordering not everyone has access to the internet".



“My dad and sister-in-law are both not very tech savvy they would need support to request the correct access from the GP to be able to request their meds directly and IT Support to navigate that system.”



“I would have to ask my partner to help me do online ordering as I don't do online ordering. This would be very sad for me as it would be taking away some of my independence as I don't do modern technology.”

- Access to learning on how to use digital services.

“A computer or smart telephone, training on how to use it, reassurance that they are getting it right and a failsafe should they not be able to ring about their medication.”

“A computer full training on how to use it And somebody to remind us every two months of how to do it again.”

“Free WiFi, free laptop, free ICT lessons.”

Travel support

A total of **2% (43)** of comments mentioned that people would need support with travel arrangements to order and collect medication. Some people indicated that they did not own a car and would rely on public transport to order and collect their medication. For some, this meant they were concerned about the potential impact on their personal finances.

“She would need financial support for a taxi to her GP surgery to hand in and take out her prescription.”

“Presumably, it would go back to ringing the surgery and having to pick up the prescription from the surgery which is a bus ride away for me and half an hour between buses instead of the pharmacy which is just a block down the road.”

“Transport to the pharmacy to collect I have no local family members.”

“With travel as it's expensive to use the bus.”

Support with monitoring medication

Eleven people said they would require support to monitor and review their medication. This included a professional checking what medication was needed, checking prescriptions, and discussing any changes to ensure people were getting the right medication when they needed it.

"We would need support ordering medications / discussing medication changes to order etc. Without POD, the app wouldn't be able to issue a script automatically if there has been a dose change! Making me put more pressure on the surgery."

"Someone to assist with meds reviews, and to assist in ordering medication."

"I feel that I'd need support to order and check my prescriptions."

"I would need someone to check my meds weekly."

Support from family, friends, and others

There were **321** respondents (**13%**) in question three who felt they would need the support of family, friends, neighbours, and other people around them, if the POD service closed.

Respondents frequently suggested they would require support with ordering medication regardless of the method or service used (e.g., online, by telephone, or in person, as well as collecting medication).

Further to the themes about impact described under question one and two, it was common for people to repeat that the need for support from others equated to a loss of personal independence to order medication. Comments of this nature also tended to reflect on the consequences of this (e.g., a detrimental impact on their wellbeing, added pressure on friends, carers and family members, and other similar reasoning).

"Family members would have to incorporate the task into their already busy work/life".

"Being over 80 years, would probably have to rely on neighbours for this service (many are too old)".

"If you close POD, this would be another thing I need to do for him. This is not good for his self-esteem, and gives me more to do."

"My Mother-in-law would need support to get her prescriptions as she forgets to order them, we help her to make sure this doesn't happen at the moment using the POD and picking them up from the chemist".

"I would need to rely on friends and that would take away my independence".

"I would probably have to order my parent's meds, another thing which gives them less independence".

Lack of support available

There were **4%** (**88**) of respondents in question three who were concerned about the loss of support from POD because of a lack of alternative support options or services. This included general statements that people may go without support (e.g., because they do not have family nearby who can help), or that there is a lack of support services in their area to replace the support they get from the POD service.

Prescription Ordering Direct (POD)

Independent analysis by Healthwatch Suffolk CIC

"There is no support for me, I'm in that group that has to just suck it up."

"With no outside support, we would have to rely on the outcome of this service".

"I would have no support in getting my prescriptions which would make my life very difficult".

"Depending on what replaces it, no family near someone would have to help, mobility problems".

Alternative services

Telephone service

A total of **9%** or **219** people mentioned they would need an alternative telephone service to order their medication if the POD service closed. People wanted to be able to order medication from their own homes without the need for online technology and be able to talk to a person about their prescription. It was reported that this type of service allows people to maintain their independence and supports better flexibility when ordering prescriptions.

"Some place where I could phone up and speak to someone to order what I require medication-wise; I don't want to be relying on my daughter to have to do this kind of thing for me. Being able to remain independent."

"We need a telephone service to order our medication. You cannot expect old people to keep going out and risk accidents and broken bones because you take away the one system that is working for us and then our pharmacy delivers our medication. We feel safe with this system so do not take this away from us."

"I would need accessible methods to phone ordering for all my medication 5 days a week - the same system that is operating at the moment."

"We do not all have family or anyone (the phone is our lifeline)."

Online service

Three percent (70 people) mentioned that an online service that does not require attending a GP/Pharmacy, or phoning up, would be a useful alternative if the POD service closed. This could be the NHS app or a similar site, so patients or family members are able to order and review their medication online. However, it was suggested that this service would need to be 24 hours, 7 days a week to schedule around work commitments and medication needs.

"I would need an alternative online way to order my repeat meds".

"Place an alternative service to have online medication requests".

"Another online 24-hour ordering option can't call".

Prescription Ordering Direct (POD)

Independent analysis by Healthwatch Suffolk CIC

GP or Pharmacy service

A total of **12% (295)** of comments mentioned that people may require the support of their GP practice, or pharmacy, were the POD service to close. This included help to order medications, and to collect them. More specifically, people wanted GP surgeries to accept repeat prescriptions or have a dedicated telephone line for medication enquiries. Concurrently, people also described concerns that a reliance on GP practices for medication support would put further strain on an already stretched service.

"It would mean I would have to contact my surgery putting more strain on their already stretched service."

"A dedicated group of staff at our surgery who only looked after the prescriptions process rather than existing staff taking on additional responsibility. We could probably manage ourselves as neither of us works and can be flexible when visiting the surgery. I am fairly mobile, but my wife can be incapacitated and bedridden for several days."

"The ability to phone my GP and order. Currently, my GP is impossible to contact by phone."

"Support from my surgery to give me a way to order my medication other than the internet because I have no wish to have to order online".

Delivery service

Two percent (49) of comments mentioned that people would need their medication to be delivered to their home address. People wanted a delivery service for various reasons, including not having family or friends close to collect prescriptions, only having to make one journey to the pharmacy, problems with mobility or transport, and being housebound.

"I need a replacement service so that I can order my repeat prescriptions with ease, if the system confuses me and I am unable to receive my medication then I will stop taking my medication, leading to further illness and complications. I order my prescriptions and get them delivered to my home due to being housebound."

"Our local pharmacy has a delivery service the surgery should organise repeat prescriptions for patients who cannot who aren't mobile".

"I'd need the same sort of thing as POD in terms of telephone and being able to have my medication delivered. I would be really stuck and hope that there is some sort of full replacement system".

"Someone to deliver the medicine to you, our nearest family live 250 miles away".


Question four

In many instances, responses to question four were a repetition of comments and themes already identified in people's replies to the preceding survey questions. For that reason, they were not coded individually. However, it is important to note that there is a strong recurring theme in responses to question four of people asking for the POD service to be retained, or for a suitable replacement to be found that continues to meet the needs of those who may currently rely on the service and its staff.

“We should be taking care of our elderly and vulnerable community, supporting them to continue to be independent for as long as they can be. Taking away this service will leave them feeling belittled...”

“I thought POD was put in operation to help people manage their medication correctly, save money by not over ordering, to make Drs aware if patients don’t take drugs regularly and as they should. Prompt people to be more responsible with their medication. Everything seems to be about cost cutting for the now...”

“...some elderly or vulnerable people may stop taking their medication as they can’t order it as easily and then not take it, making themselves ill and ending up in hospital. That would cost the NHS money. Or over ordering and costing the NHS more money and then more unused medication waste going into land fill, costing more money again. Our community needs to keep POD, it’s a really good service.”



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