HDP08 Ymchwiliad i brosesau ryddhau o'r ysbyty Inquiry into hospital discharge processes Ymateb gan Gofalwyr Cymru Response from Gymdeithas Fferylliaeth Genedlaethol



Welsh Government Health Social Care and Sport Welsh Government Cathays Park Cardiff CF3 0DQ

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To whom it may concern,

Re: Consultation- Hospital Discharge Processes

The National Pharmacy Association (NPA) is the trade body which represents the vast majority of independent community pharmacy owners in the UK, including across Wales. In addition to being a representative voice, we provide members with a range of professional services to help them maintain and improve the health of the communities they serve.

The National Pharmacy Association (NPA) welcomes the opportunity to respond to this consultation on Hospital Discharge Processes.

A survey by the NHS Alliance stated that 39% of practices reported instances where failings with the hospital discharge process had directly compromised patient safety, this could be in the form of patients leaving hospital with insufficient medication or GP/pharmacy not being informed of a patient's discharge meaning their medication records are not updated, for example. Another study found that when changes were made to patients' medication during emergency admission to hospital, almost a third of patients were readmitted within two weeks of discharge - they had reverted to preadmission medication because repeat prescriptions were not amended.

Community Pharmacies in Wales offer a Discharge Medication Review (DMR) service which has the aim of reducing hospital readmissions and ensuring the patient continues to receive the appropriate medications post discharge from hospital. The DMR service will provide support to patients recently discharged between care settings by ensuring that changes to patients' medicines made in one care setting (e.g. during a hospital admission) are enacted as intended in the community helping to reduce the risk of preventable medicines related problems and supporting adherence with newly prescribed medication.

Community Pharmacies are well placed to provide this service as they are generally open for longer hours than GP surgeries and also at weekends. As noted in a study by Jaunty Springs Medical Practice Sheffield, Community Pharmacists and their teams have existing longitudinal relationships with patients, which can provide important context to clinical problems and potential solutions. Their pilot suggests that the Community Pharmacist was able to (a) make discharge more efficient as they were able to more quickly translate changes made during the patient's hospital stay onto their ongoing medication record; and (b) were able to reduce the risk associated with transfer of care setting.

The service, which builds on the existing Medicines Use Review service, will provide an opportunity to support patients to improve their knowledge and use of drugs. The service will comprise a two part intervention by the patient's community pharmacist. The first part will require community pharmacists to check that the medicines prescribed in one care setting (e.g. in hospital) match those



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prescribed by the GP when the patient returns to their home. If there are discrepancies the pharmacist will have to raise these with the GP. The second part will provide the opportunity for the patient and pharmacist to have a discussion to establish a picture of the patient's use of their medicines. Where discrepancies were identified at the first stage this will provide an opportunity to ensure they have been rectified. The review will also help patients understand their therapy and it will identify any problems they are experiencing along with possible solutions.

The service has improved in recent years by the electronic transmission of discharge letters to community pharmacy via the Choose Pharmacy platform. There are, however, limitations to the current system as the software to transmit the electronic discharges is not yet available throughout each hospital in Wales. Also, not every patient has a chosen pharmacy they wish this information to be sent to, resulting in the pharmacy dispensing their medication being unaware of a discharge unless informed by the patient. The NPA would advocate that, for the purposes of a patient receiving continuation of care outside of hospital, they are requested to select a pharmacy for their discharge letter to be sent to electronically alongside the GP they are registered with. This would allow informed discussion between patient, pharmacist and GP's with the end result being a better outcome for the patient.

A study published 2017 found that many pharmacists re-emphasized the importance of the DMR service with some stating it was the most important service they had to offer patients, as they believe it improves patient safety by reducing medication errors. Most pharmacists believed the electronic version of the DMR to be superior to the paper version. When an electronic copy of the Discharge Advice Letter (eDAL) was available, the medication would automatically populate onto the DMR form reducing inputting time and potential for medication errors.

We at the NPA would advocate expanding the potential for pharmacists to contribute to patient care during the DMR service. This could be achieved by allowing read write access to patients GP records on the Choose Pharmacy platform while completing a DMR with a patient. Allowing a more collaborative role between patient/carer, site of discharge, GP and community pharmacist can only improve patient outcomes.

In summary, we believe community pharmacies should be involved as part of a multidisciplinary team upon a patient's discharge, with information shared freely between all involved in order to maximise the potential for positive outcomes. Patients to be encouraged to participate in the DMR service and nominate a pharmacy for the discharge information to be relayed to.

We would be happy to discuss the points raised in this response with Welsh Government in more detail, and to arrange this, please contact

Yours sincerely,

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