

HDP01  
Ymchwiliad i brosesau ryddhau o'r ysbyty  
Inquiry into hospital discharge processes  
Ymateb gan Fferylliaeth Gymunedol Cymru  
Response from Community Pharmacy Wales



Community Pharmacy Wales response to the inquiry by  
the Health, Social Care and Sport Committee into

## **The Hospital Discharge Process**

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## Part 1: Introduction

Community Pharmacy Wales (CPW) represents community pharmacy on NHS matters and seeks to ensure that the best possible services, provided by pharmacy contractors in Wales, are available through NHS Wales. It is the body recognised by the Welsh Assembly Government in accordance with *Sections 83 and 85 National Health Service (Wales) Act 2006* as 'representative of persons providing pharmaceutical services'.

Community Pharmacy Wales is the only organisation that represents every community pharmacy in Wales. It works with Government and its agencies, such as local Health Boards, to protect and develop high quality community pharmacy based NHS services and to shape the community pharmacy contract and its associated regulations, in order to achieve the highest standards of public health and the best possible patient outcomes. CPW represents all 716 community pharmacies in Wales. Pharmacies are located in high streets, town centres and villages across Wales as well as in the major metropolitan centres and edge of town retail parks.

In addition to the dispensing of prescriptions, Welsh community pharmacies provide a broad range of patient services on behalf of NHS Wales. These face to face NHS Wales services, available from qualified pharmacists 6 and sometimes 7 days a week, include, Medicine Use Reviews, Emergency Contraception, Discharge Medicines Reviews, Smoking Cessation, Influenza Vaccination, Palliative Care Medicines Supply, Emergency Supply, Substance Misuse and the Common Ailments services.

CPW is pleased to have the opportunity to respond to this important inquiry and to explain to the Health, Social Care and Sport Committee the opportunity for the community pharmacy network to play a greater role in the safe and effective discharge of patients from the hospital setting and to reduce delayed transfers of care.

## Part 2: improving hospital discharge into the community

For the majority of patients returning home, or back into community care, following a period of time in hospital, ensuring that they receive, understand and can effectively use the medicines they have been prescribed is a key element of their continued care.

Welsh Government fully recognised the importance of this part of the discharge process and the high level of errors that occurred in practice. They responded by putting in place the Community Pharmacy Discharge Medicines Review

(DMR) service following independent evidence on the value of the service. This is a home grown service of which Welsh Government should feel justly proud.

The DMR remains a highly effective service which fully utilises the skills and expertise of the community pharmacy network and produces significant benefits to patients through the identification and resolution of medicines issues around discharge.

The data for the 2018-19 financial year shows that the following level of discrepancies were identified in the DMR process and resolved by the local community pharmacy.

Identified error	% of discrepancies
Medicines inadvertently restarted	17.13
Medicines inadvertently stopped	24.03
Medicines continued at incorrect strength	3.33
Medicines continued at incorrect dose	11.42

From this data it is therefore reasonable to assume that patients receiving the support of the DMR service were significantly less likely to have problems with their prescribed medicines following discharge than those patients that did not receive a DMR. Each identified discrepancy has the potential to either cause harm to the patient or to reduce the effectiveness of their treatment.

Each pharmacy is able to provide up to 140 DMRs each year and with over 700 pharmacies across Wales there is capacity for the provision of over 100,000 DMRs in the current contractual arrangements. Despite this significant capacity only 12,000 patients received this support during the last financial year i.e. 12% of the available capacity was used or almost 90,000 patients that could have received this support did not benefit from the service.

The main reason for this significantly lost opportunity is the less than optimal flow of information from hospitals to community pharmacies. Discharge processes are not standardised and where electronic discharge processes do exist (MTED) too often this element of the process is not given the attention required.

This is evidenced by the fact that there is a 66% variation between the information flow to community pharmacy from the worse performing health board and the best.

**CPW would wish to see some urgent standardisation of discharge processes across Wales and the DMR treated as an automatic extension of the discharge process with the generation of Discharge Advice Letters (DALs) to community pharmacy being a mandatory part of the procedure.**

As part of the (E – Early Discharge) element of the SAFER guidance CPW is aware of the delay to discharge that can occur while patients wait to receive their discharge medicines. We believe, following feedback from our contractors, that this is an unnecessary delay and can be removed by allowing the medicines to be provided by the patient's local community pharmacy and delivered to the patient's home if required. **CPW would recommend that a community pharmacy Enhanced Service is put in place to address this unnecessary delay.**

Some of the patients discharged from hospital will require the support of a compliance aid such as a monitored dosage system (MDS) and a number of social services carers are only able to provide medicines support if the medicines are repackaged into a MDS unit. As the provision of MDS support for carers is not an NHS service, and is provided as a gesture of goodwill by the pharmacy contractors, patients are often held up in hospital while hospital pharmacy teams ring around to try to secure the MDS support required by the patient. CPW feels that we should have long ago resolved this issue as this is placing unnecessary pressure on community and hospital pharmacy teams and delaying discharge. **CPW would recommend that a national community pharmacy Enhanced Service covering the provision of MDS to support hospital discharge is put in place with the minimum of delay.**

To ensure that all elements of the community pharmacy discharge medicines support operates as effectively as possible it is essential that any restrictions to community pharmacy access to the GP Medical Record in Wales are also removed.

The SAFER process recommends that *'Where possible, medication to take home for planned discharges should be prescribed and with pharmacy by 3pm on the day prior to discharge'*. CPW would suggest that additional elements need to be added to this part of the process namely *a Discharge Advice Letter should be sent to the patient's nominated pharmacy and, where appropriate, arrangements for the provision of compliance aids have been triggered.*

CPW notes that in the SAFER guidance the importance of effective communication between the GP, District Nurse and Social Worker is recognised. Disappointingly, there is no reference to the community pharmacist or any importance placed on the medicine supply on return to the community.

### Part 3: Conclusion

CPW recognises that while community pharmacy plays an active role in hospital discharge there is much more that can be done to leverage the network to improve the efficiency and effectiveness of the medicine supply elements of the discharge process.

CPW would recommend to the Health, Social Care and Sport Committee consider the following four recommendations as part of their review.

- 1) Work is undertaken to significantly increase the use of the Discharge Medicines Review Service.
- 2) Outpatient medicines should be able to be supplied by the patient's regular pharmacy to reduce discharge delays.
- 3) Any barriers to access to the GP Medical Record (GPMR) for community pharmacy should be removed.
- 3) A community pharmacy MDS National Enhanced Service should be put in place to ensure that patients or social care providers can secure this compliance aid support with the minimum of delay to patient discharge.

CPW agree that the content of this response can be made public.

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CPW welcomes communication in either English or Welsh.

For acknowledgement and further Contact:

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