

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [rhyddhau cleifion o ysbytai ac effaith hynny ar y llif cleifion drwy ysbytai](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Hospital discharge and its impact on patient flow through hospitals](#)

HD 02

Ymateb gan: | Response from: Fferylliaeth Gymunedol Cymru | Community Pharmacy Wales





Community Pharmacy Wales response to the Health and Social Care Committee Inquiry into

Hospital discharge and its impact on patient flow through hospitals

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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 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 713 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 occasionally 7 days a week, include, Pharmacist Independent Prescribing Services, 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 consultation and to highlight again to the committee the significant opportunity that still exists 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: The role of community pharmacy in hospital discharge

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 were intended to receive is a key element of their continued care.

Welsh Government has previously fully recognised the importance of this part of the discharge process and the high level of errors that occur in practice. They responded pragmatically to this challenge 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 however it is unfortunately a service that has not been leveraged and there remains a significant underutilisation of the service.

It is well recognised that errors occur in the hospital discharge process leading to inefficiencies and an unnecessary impact on patient care. The DMR remains a highly effective service which fully utilises the skills and expertise of community pharmacy teams and produces significant benefits to patients through the identification and resolution of medicines issues around discharge.

The data for the current financial year shows that the following level of discrepancies have been identified to date in the DMR process and resolved by the local community pharmacy teams.

Identified error	% of discrepancies
Medicines inadvertently restarted following discharge	8.1
Medicines inadvertently stopped following discharge	26.4
Medicines continued but at an incorrect strength	2.7
Medicines continued but at an incorrect dose	8.2

This is powerful data as it highlights that for every 100 DMRs conducted 45 errors are discovered and resolved by community pharmacies in discussion with their local GP and hospital teams. These errors, if not spotted and addressed, could result in less-than-optimal treatment that could have affected the patient's condition, harm to the patient and in a small number of cases resulted in the patient being readmitted to hospital. It also identifies 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.

There are over 700 community pharmacies in Wales, and we feel that each pharmacy could very comfortably (less than 4 patients each week) provide 200 DMR interventions. This would mean that 140,000 patients could benefit from hospital discharge support from community pharmacy and over 60,000 errors in the discharge process could be prevented. Instead it is likely that 18,000 patients, less than 13% of the capacity, are likely to benefit from the service during this financial year.

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. While automatic referral into the DMR process occurs in some health boards they remain in the minority. In addition the recent Pharmaceutical Needs Assessments conducted by health boards across Wales identified that the majority of patients are not aware of the services offered in community pharmacies. CPW feel that, while there is an excellent and coordinated effort made each year to make people aware of the benefits of flu vaccination a campaign of a similar nature to raise awareness of community pharmacy services could help the people of Wales to choose the best provider in support of the *Help Us Help You* principles and reduce pressure on many parts of the NHS.

If the community pharmacy network is to play its part in improving the hospital discharge process, CPW would recommend the committee call for urgent standardisation of discharge processes across Wales and also ask for the DMR to be treated as an automatic element of any hospital discharge process with the generation of Discharge Advice Letters (DALs) to community pharmacy being a mandatory part of the discharge 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 from the hospital. 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 with the minimum of delay. **CPW would recommend that a community pharmacy Enhanced Service is put in place to address this unnecessary delay to hospital discharge.**

Some of the patients discharged from hospital will require the support of a compliance aid such as a monitored dosage system (MDS). 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. This is another unnecessary delay in discharge processes that can be easily addressed. CPW feels that we should have long ago resolved this issue as this is placing unnecessary pressure on social care, 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, where this is required, is put in place with the minimum of delay.**

To ensure that all elements of the community pharmacy discharge medicines support operate as effectively as possible it is essential that any remaining restrictions to community pharmacy routine 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: *for this timeline to be met early communication with the patient's nominated is essential. A Discharge Advice Letter should be sent to the pharmacy and, where appropriate, arrangements for the provision of compliance aids have been triggered.*

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 remaining barriers to routine 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 compliance aid support with the minimum of delay.

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

CPW welcomes communication in either English or Welsh.

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