

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 34

Ymateb gan: | Response from: Cymdeithas Fferylliaeth Genedlaethol | National Pharmacy Association



Response to

Welsh Parliament

Hospital discharge and its impact on patient flow through hospitals

January 2022.

National Pharmacy Association

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 commercial and professional services to help them maintain and improve the health of the communities they serve.

The NPA welcomes the opportunity to respond to this consultation on the impact of waiting times backlog on people in Wales who are waiting for diagnosis or treatment.

We would welcome the opportunity to be called to provide further evidence and to arrange this, please contact Jonathan Rees Country Representation Manager for Wales

Community Pharmacy's Role

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. 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 pre-admission 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 provides 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.

The role of Community Pharmacies in the discharge process is vital in ensuring continuity of their care and maximising patient wellbeing. In order to enhance this effectiveness, we as the NPA, would support the requirement that patients cannot be discharged with less than 14 day's supply of medication and that each discharge must be directly sent to the pharmacy that the patient would like to choose to dispense their next prescription. Previously hospitals would only provide 7 days as a minimum, but as workload pressures have increased on GP practices and Community Pharmacies it has become necessary for this to be increased to 14 days to allow time for information transfer and the ordering of the appropriate prescriptions.

Community Pharmacies are well placed to provide this service as they are generally open for longer hours than GP surgeries and also at weekends. The service comprises a two part

intervention by the patient's community pharmacist. The first part requires community pharmacists to check that the medicines prescribed in one care setting (e.g. in hospital) match those 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. The service has been hugely underutilised since its inception by Welsh Government

A study by Community Pharmacy Wales on the DMR service over the last year has found that for every 100 DMR's completed 45 errors have been found and resolved by Community Pharmacy. This data illustrates the value of Community Pharmacy involvement in the discharge process as these errors, if not spotted and addressed, could lead to sub optimal treatment for the patient meaning potential harm or even hospital readmission. Many pharmacists believe 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.

Conclusion

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. Providing Primary Care colleagues as much time as possible to organise for a patient's discharge will ease the flow of discharge from hospital and allow for a more efficient model moving forward.

Yours sincerely,