

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 25

Ymateb gan: | Response from: Cymdeithas Fferyllol Frenhinol | Royal Pharmaceutical Society

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Russel George MS,
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Re: Inquiry into hospital discharge and its impact on patient flow through hospitals.

Dear Russell,

Thank you for the opportunity to provide oral evidence to this inquiry. We hope that the points below are useful and help inform the committee's report and recommendations.

Please do get in touch if you would benefit from any further information.

Kind regards



Cheryl Way
Chair, the Royal Pharmaceutical Society's Welsh Pharmacy Board

Summary

Hospital pharmacy departments could help to improve patient flow through hospitals by developing services both at admission and at discharge. Pilot projects have demonstrated the benefit of such services, however capacity coupled with a lack of resource has meant that these pilot projects have not been more widely implemented.

Background

It is well documented that good patient flow improves the quality of care for patients and can contribute to accident and emergency(A&E) departments achieving their target of 95% of patients being admitted, discharged or transferred within four hours of patients attending A&E. However, it is well documented that many Health Boards find these targets extremely challenging, even more so during the pandemic.

To address the issue there are three main areas to consider:

1. reducing the number of patients requiring admission
2. improving the flow through the hospital
3. reducing the time it takes to discharge a patient from hospital

This response outlines how pharmacy teams within Health Boards can help to address these issues.

1. Reduce Number of Patients Requiring Admission

1.1 Community Pharmacy Services

Developments within pharmacy have been trying to maximise the use of community pharmacies and reduce inappropriate attendance at emergency departments through:

- the Help Us, Help You campaign promoting the different services available to patients and helping them to decide which NHS service to use. Community pharmacy is promoted to advise patients on common illnesses and medicines to treat them, help if patients run out of medicines and provision of emergency contraception.
- increased number of independent prescribers within community pharmacies. Pharmacy's strategy in Wales "Pharmacy: Delivering a Healthier Wales"ⁱ outlines the ambition to have by 2030 at least one qualified pharmacist independent prescriber in every community pharmacy, allowing them to assess, diagnose and treat common illnesses.
- the reforms of the community pharmacy contractual framework announced in December 2021ⁱⁱ, where contractors are incentivised to provide clinical services, through workforce development and integrating community pharmacy more closely within the wider healthcare team. The clinical services are common ailments, emergency contraception, emergency medicine supply and seasonal influenza vaccination services.

As the role of the community pharmacists evolve, and the number of independent pharmacist prescribers increase, a more consistent service across Wales will be provided, allowing the public to access healthcare closer to home and prevent some attendance at emergency departments.

1.2 Role of GP Practice and Community Hospital Pharmacists

Within Health Boards, pharmacists and in some areas pharmacy technicians, are members of the Community Resource Teamsⁱⁱⁱ, where part of their role is to manage complex needs and acute conditions e.g. exacerbation of heart failure, in the patient's home, preventing admission to hospital.

The role of the pharmacist in GP practices influences safe prescribing processes and in some practices the pharmacist manages minor illness. They undertake medication reviews with patients, run chronic condition clinics, and action the discharge advice letters from hospital. These activities optimise patient's medicines preventing drug-related admissions/re-admissions to hospital.

1.3 Pharmacy Services at the Hospital “Front Door”

Within Health Boards, pharmacy departments have also initiated new services to help address the demand on emergency departments. An example includes pharmacists being based in emergency departments.

After the trial of pharmacists in England emergency departments demonstrated positive results^{iv}, 9 pilot schemes were funded in winter 2019 across Wales, although 10 sites provided the service. The aim was to enable earlier medicines reconciliation, reduce missed doses of medicines and help support the safe and efficient care to patients in this area. Overall, the pilot was successful as illustrated below, however the service was stopped in 8 out of the 9 funded sites, due to funding and capacity.

‘I am sorry to hear that pharmacy services which was operating within our Emergency Department has stopped functioning. With present exit block within the hospital and ongoing “ Winter pressures,” a significant number of patients are getting stuck in the Emergency Department.

With the pharmacy service working on site, this reduced the pressure on nursing staff, junior doctors and the department as a whole. Prescriptions were reviewed, incompatibilities and dosages were corrected and polypharmacy were flagged up. Medicines were delivered at the right time as well. This helped in safe prescription and safe discharging of patients. Similar pressures now remain with patients around the nursing bay. If the pharmacists were at hand, we could have sorted these patients much more quickly and efficiently. This is particularly relevant with old and frail patients. In my opinion it should be made a priority to continue this service in the Emergency Department.’

Consultant in Emergency Medicine and clinical lead

Further development of the role of pharmacists in emergency departments could include triaging patients, utilising pharmacist independent prescribers^v.

2.0 Improving Flow Through Hospitals

Around 90% of patients spend less than 6 days in hospital^{vi}. Practice has changed over the last few decades as technology and innovative practice has developed and been redesigned, resulting in an increase in short stay care. This results in a greater turnover of patients and hence a greater number of discharges per day. Evidence suggests that flow is particularly problematic late afternoons as a result.

Developments within pharmacy to respond to this include:

- pharmacy teams within emergency departments as explained above, identifying and solving medicine related issues earlier in admission and ensuring that patients or their carers bring their medicines into hospital. The teams also ensure that the medicines follow the patients if they are admitted to a ward, thus preventing issues with 'lost or misplaced' medicines.
- pharmacists being placed in pre-admission clinics^{vii}. This allows potential medicines management issues to be identified before admission and a plan agreed with the patient and medical practitioner on their management. Pharmacists can also encourage patients to bring their own medicines into hospital to use during hospital stay, to have appropriate pain relief available at home, allowing a quicker discharge from hospital.
- plans to train all patient-facing pharmacists within hospital to become independent prescribers, allowing them to prescribe for patients under their care.

3.0 Hospital Discharge

Patients being discharged into nursing and residential care are often discussed as the main reasons for delays in discharge^{viii}, however the increase in day case activity also has a significant impact. Other factors are the number of patients who would benefit from rehabilitation; if community-based services for rehabilitation could be designed further release of 'space' could be freed-up.

3.1 Earlier Preparation of Discharge

Ward teams, including pharmacy teams should be considering a patient's discharge as soon as the patient is admitted to the hospital. The Medicines Transcribing and e-Discharge (MTeD) functionality used in six health boards and Velindre Trust helps to achieve this by creating an electronic discharge letter on admission, allowing prescribed medicines to be updated during a patient's stay. This letter is then shared electronically with GPs and some community pharmacists on discharge.

Pharmacy teams should be integrated into the ward teams, and proactively informed of discharges as soon as a decision is made. Urgent work could then be prioritised. The role of the team could include writing discharge prescriptions, providing a supply

of medicines from the ward, resulting in improved communication and information provision on medicines.

3.2 Medicines Reconciliation

Pharmacy teams strive to complete medicines reconciliation on admission, allowing confidence in knowing what medicines the patient takes and likely to need on discharge. The earlier this process is completed e.g. in emergency departments or pre-admission clinics, the less likely medicines related issues could affect the time taken for discharge. Allowing access to the Welsh GP Record (WGPR) via the Welsh Clinical Portal in hospitals supports this process.

3.3 One-Stop Dispensing

Hospitals in Wales have introduced one stop dispensing, allowing any medicine needing to be supplied, being labelled ready for discharge (one-stop dispensing). This speeds up the time taken to supply a discharge prescription.

Pharmacies also provide pre-packed medicines e.g. pain relief or antibiotics, that staff can use to provide patients in emergency departments or day case suites. These pre-packed medicines are labelled appropriately and speed up discharge.

3.4 Use of Patient's Own Medicines

Engagement with stakeholders including patient and carer groups needs to be undertaken to discuss use of patient's own medicines during hospital stays. Possible considerations include:

- encouraging patients to bring their own medicines into hospital to use during hospital stay; pre-admission pharmacists currently already do this, as do the ambulance service (green-bag scheme)
- only supplying medicines on discharge if medicines have been newly prescribed or the patient's supply is only for a few days
- use of WP10HP prescriptions for discharge medicines.

3.5 Support Patient Post-Discharge

Support for patients post-discharge could enable those that require rehabilitation to be discharged earlier. Currently there are three main areas pharmacy provides support.

- pharmacists being members of the Community Resource Teams^{ix} (see earlier)
- community pharmacies providing discharge medicines reviews (DMR). This service started in 2011 and has demonstrated a potential reduction in readmission to hospital^x. The service reconciles the patient's medicines on

discharge from hospital, ensuring that any changes are implemented. It also provides a forum for the pharmacist to educate the patient on their medicines and answer any queries.

- GP practice pharmacists reviewing discharge letters, ensuring that changes to patient's medicines in hospital are made on the GP system, reducing queries to GP, preventing prescribing errors and potentially reducing readmission to hospital.

Pharmacy Services

In addition to the above, the pharmacy service provided must be considered. Within the hospital setting the timing of pharmacy services should reflect work demands and patient flow, allowing pharmacy teams to be present when decisions are made. Consideration to provide a seven-day clinical pharmacy service to high admission/discharge areas would allow a reduction in delays to discharges over the weekend and Monday. Near patient dispensing in these areas is also ideal.

Pharmacy teams need to be integrated into the ward teams, and proactively informed of discharges as soon as a decision is made. Urgent work will then be prioritised. The role of the team could include writing discharge prescriptions, providing a supply of medicines from the ward, resulting in improved communication and information provision on medicines.

Conclusion

The pharmacy profession has responded to the changes within practice, trying to address the issues of patient flow and the impact that has on discharge. Some of these developments are part of everyday practice e.g. one-stop dispensing, but others have been pilot studies where benefit has been demonstrated but continued funding has not been forthcoming. Pharmacy can and is willing to further contribute to addressing the issue of patient flow but sustained funding is required.

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- i [Pharmacy Vision.indd \(rpharms.com\)](#)
 - ii [Presgripsiwn Newydd - A New Prescription \(gov.wales\)](#)
 - iii [Developing community resource teams in Pembrokeshire, Wales \(kingsfund.org.uk\)](#)
 - iv [Pharmacists in Emergency Departments National Report.pdf \(hee.nhs.uk\)](#)
 - v [Pharmacists in Emergency Departments National Report.pdf \(hee.nhs.uk\)](#)
 - vi [patient_flow.pdf \(england.nhs.uk\)](#)
 - vii [The impact of the pharmacist on an elective general surgery pre-admission clinic | Request PDF \(researchgate.net\)](#)
 - viii [patient_flow.pdf \(england.nhs.uk\)](#)

 - ix [Developing community resource teams in Pembrokeshire, Wales \(kingsfund.org.uk\)](#)
 - x [Exploring the association of the discharge medicines review with patient hospital readmissions through national routine data linkage in Wales - a retrospective cohort study.pdf \(cardiff.ac.uk\)](#)