

Appendix 2 Examples of practice from the development sites

The examples of practice listed here support the implementation of some of the dimensions in the standards. They represent just a few of the examples submitted by the development sites and were selected by the steering group to use as illustrations of practice.

STANDARD 1.0 PATIENT CENTRED

Patients (and/or carers) are supported in their decision-making about medicines.

1.1 PATIENT FOCUS

Communication and the involvement of patients and carers is an integral component of effective pharmacy services

Northumbria Healthcare NHS FT

Northumbria Healthcare has a Trust-wide scheme to elicit views from patients (**'2 minutes of your time'**) about their hospital stay. The feedback is relayed to all departments involved in the patient's care, including pharmacy, as a number of questions are medicines related. The outcomes and feedback from this survey are used to improve services and the overall patient experience. Pharmacy have introduced and/or tested several changes such as using posters about medicines to raise awareness; issued leaflets at the bedside; delivered more patient counselling; follow-up post discharge via phone calls and referral to community pharmacy for support etc. This Trust-wide scheme has enabled Northumbria Healthcare to deliver a better end-to-end service, becoming one of the best performing Trusts in patient experience in their region.

County Durham and Darlington NHS FT

Pharmacy has developed a 'Vision & Behaviours' document that articulates how staff should treat everyone, patients and colleagues, with dignity and respect. The document was implemented one year ago and been well received; setting a baseline culture of respect for all, within the department.

I.2 INFORMATION ABOUT MEDICINES

Patients (and/or carers) have access to information and support in order to make informed choices about the use of medicines or the implication of choosing not to take them.

Northumbria Healthcare NHS FT

Working with local community healthcare partners, Northumbria Healthcare has introduced new services that promote shared decision making with patients:

- A Locality Integrated Network (LIN), consisting of hospital consultants and pharmacists, GPs, district nurses and social services, liaises on a regular basis to monitor and support patients who may need more support with their care. From a pharmacy perspective, members of the team refer patients who need more support with their medicines to the pharmacists. The pharmacist arranges to meet with the patient, often in their home with the family and/or carers and using the principles of shared decision making, talk through any medicines related problems. Decisions are made with the patient as to the next steps and how best to help them - this enables the patient to feel in control and be involved in decisions about their care. The service is also proactive; pharmacists will review patients on GP clinical registers, looking for those patients who take multiple medicines but do not access services routinely and may potentially be at risk of hospitalisation. Any patients identified will be offered a follow-up with the pharmacist.
- The pharmacy department has developed a clinical-ethical framework to enable patients to be reviewed in care homes. Central to this framework is patient involvement around any decisions regarding their medicines. Hospital pharmacists visit patients in care homes and undertake a detailed review of the patient's medication. The outcomes are discussed with the patient (where possible), their family, GP and care home nurses. If the patient has no family, or the family does not want to be involved, then the team liaises with a legal advocate. The team also liaises with a psychiatrist and behavioural nurses for patients with dementia. Difficult decisions are made in conjunction with the whole team (including the patient) about the medicines and any changes that may need to be made e.g. stopping psychiatric medicines and working with behavioural nurses etc. The service is funded by an award from the Health Foundation Shine programme as a 12-month project. A recent mid-term review at 6 months shows that 5 care homes have been visited, with 105 patients reviewed so far. 81 out of 105 patients had medicines stopped, resulting in 195 medicines stopped overall at an annualised saving of £22,500, if therapy was continued. In addition, new medicines have been started; some medicines changed for dose or formulation; and there is more monitoring for safety etc.

Two pharmacists run both these services on a full time basis and it is anticipated that these services will continue.

King's College Hospital NHS FT

Medicines; A Patient Profile Summary (MAPS) – this is a web based resource developed by a private company, which has been bought by the Trust. The website lists all the medicines available in the BNF. Pharmacists are able to select the medicines a patient is on and print out summarised patient information to discuss with the patient. The aim is to improve information delivery, providing patients with information about their medicines in an easy to use format, which they can then review at a later stage. The Trust are currently in the planning stages for this scheme, reviewing issues such as when would be the best point to undertake this type of information delivery e.g. at discharge, or earlier on during hospital stay, so as to give patients the best possible support.

Frimley Park Hospitals NHS FT

At Frimley Park Hospital, when pharmacy staff undertake medicines reconciliation, patients are given a fact sheet that encourages them to speak to a pharmacist if they have any questions about their medicines during their stay. It also gives details of the Helpline that can be called after discharge, and by outpatients, and highlights the community pharmacy 'medicines use review' and 'new medicines' services. Since the introduction of the patient factsheet, the pharmacy department has seen an increase in the number of requests from patients to discuss their medicines, during their hospital stay. This meant more patient contact for ward pharmacists and the opportunity to ensure that medicines are optimised. We will be looking to evaluate the impact of this service, through the CQC patient survey.

County Durham and Darlington NHS FT

An Intermediate Care Pharmacy Technician post has been created with funding from Darlington Borough Council. The technician provides additional support to patients in the Darlington area, who require pharmacy input when in intermediate care. The post started in May 2013 and will be evaluated after 1 year. It is early days for the post so it is still being evaluated. The overall aim of this additional support is to help patients manage their condition in their home environment and reduce hospital admissions.

North Bristol NHS Trust

The Trust provides support for a number of public health initiatives such as:

- Mass Prophylaxis Centre Planning for major incidents; in conjunction with the HPA and CCG, the Trust have developed documentation and SOPs to be used in their region for major incidents, including for the release of chemical weapons.
- HPV vaccine programme; the Trust have developed a generic PGD with their local CCG, that operates throughout the region and provides HPV vaccines to schools, for nurse run vaccination clinics.
- Flu vaccine; the pharmacy department proactively engages with the Trust-wide staff vaccination programme, providing Flu vaccines and relevant PGDs for delivery of the programme.

By engaging with public health initiatives, the pharmacy service is able to engage with wider NHS priorities; provide support for primary care colleagues where large scale supply systems may be difficult to operate; as well as expand their business with other revenue streams.

North Middlesex University Hospital

Implemented a Local Patient Experience tracker; on discharge, patients are asked to fill in a short questionnaire on an iPad, about their experiences in hospital. One question is around medicines and whether they have received sufficient information about the side effects of their medication. The information is automatically fed-back into a Trust wide dashboard, which is reviewed regularly. The Executive monthly performance meetings will also review the outcomes and implement changes and/or improvements Trust-wide. Using the outcomes from the tracker, there has been a concerted team effort across the organisation to improve on providing more information about medicines to patients – which was verified by an improvement in the patient experience feedback. The pharmacy department are now looking to implement a similar questionnaire in the outpatient pharmacy to gather feedback on the service and ensure continuous improvement.

I.3 ADHERENCE TO MEDICINES

Systems are in place to identify patients who may need adherence support, or to allow patients to request support.

Luton and Dunstable University Hospital NHS Foundation Trust

Have a multiple approach to help encourage patients to adhere to their medicines e.g.:

- Posters displayed in all out-patient areas and on wards to encourage patients to talk to staff for more information about their medicines and raise awareness of the 'new medicines service' in community pharmacy.
- An adherence counselling service for GUM patients, encouraging them to discuss any issues with the GUM clinic pharmacist.
- Patients identified as having non-intentional adherence issues whilst in the hospital can be referred by ward staff to the Interface Pharmacy Technician or a medicines management pharmacy technician. They undergo a structured assessment to help identify what might support them practically with their adherence e.g. pill popper etc.
- The Trust has recognised an issue with adherence to medicines, with an additional factor of a diverse patient population; for many English is not their first language, and/or are unable to read their own language. To help meet their needs, the Trust is looking at different options that support these patients with their adherence. This includes developing pictorial dosing instructions with symbols and pictures which can be used e.g. on stickers for boxes; a chart specific to the patient's medicines. Pharmacists and trained pharmacy technicians can use these charts to counsel patients and help improve medicines taking. Preliminary patient feedback on the acceptability of this initiative has been very positive and the Trust is looking to implement across the organisation in the near future.

These multiple approaches aim to support and drive adherence, with ultimately better health outcomes for patients.

Wishaw General Hospital – NHS Lanarkshire

Pharmacists have access to the electronic prescription histories, generated by GP surgeries in Scotland. Access to the history enables pharmacists to see exactly which medicines a patient is taking, their repeat and acute prescription history. This data is often used when patients are admitted to hospital, alongside other resources, to review compliance and identify any issues.

Luton and Dunstable University Hospital NHS Foundation Trust

As part of the Trust's commitment to support on-going adherence and medicines optimisation, the Interface Pharmacy Technician (IPT) attends meetings and liaises with a range of care providers including Trust MDT discharge meetings, Domiciliary Care Providers and is the link person for the Community Health Services Pharmacist. They also refer patients to the Community Based Pharmacy Technicians and liaise with any other external agencies involved in the patients care to ensure that the patient is supported in their care. Monitored Dosage Systems (MDS) have been a particular issue. Where, following an 'Equality Act' assessment, if the patient is not eligible but is still receiving an MDS in primary care, the IPT will liaise with relevant agencies to resolve any issues and provide seamless care. In addition the Trust also has an SLA with a local community pharmacy to provide MDS, for patients whose regular local community pharmacy cannot provide a timely service at discharge or for patients newly started on an MDS.