

STANDARD 3.0 INTEGRATED TRANSFER OF CARE

Patients experience an uninterrupted supply of medicines when they move care settings and the healthcare team taking over their care receives accurate and timely information about the patient's medicines.

3.1 PATIENT NEEDS

Patients (and/or carers) are given information about their medicines and have their expressed needs for information met.

Leeds Teaching Hospitals NHS Trust

Leeds Hospital involves pharmacy technicians in a number of areas to improve skill-mix, develop staff and enable pharmacists to focus on more clinical activities. Extended technician roles include:

- Medicines history taking - pharmacy support staff also work alongside the technicians, performing key administrative duties, giving technicians more time to ensure the accuracy of the medicines.
- Technicians also perform quarterly controlled drug checks, referring items for destruction to the ward pharmacist
- Warfarin and inhaler counselling - technicians are involved in counselling new patients and newly discharged patients in several warfarin clinics per week. Inhaler counselling is often done on the ward, prior to discharge to help familiarise patients. Patients requiring additional support are followed up in the community by technicians to help with inhaler techniques.

Feedback on these additional roles has been very positive, especially around greater patient interaction and support.

Northumbria Healthcare NHS FT

Engagement in 'Patient Experience Real Time Project': Patients are asked questions that reflect those of the national inpatient survey, i.e. did anyone explain the purpose of your medicines, did they explain in a way you understand, and did they explain the side-effects? Pharmacy staff take the lead in explaining these aspects to patients, but also in facilitating provision of information by other means, e.g. nurses explaining as part of the medicines administration round, promoting use of prompt leaflets, posters to raise awareness for patients and relatives to ask about medicines. The questions are presented in a number of ways: real-time information, where patients are asked a range of questions by members of the patient experience team, sometimes as "two minutes of your time"; patients are also sent questionnaires following discharge, for return by post.

The feedback from all the various routes, provides a medicines management domain score out of 10; this is used to measure performance and improvement. Any qualitative comments are also used enable improvements.

The New Victoria – NHS Greater Glasgow and Clyde

The MyMeds service is an end-to-end service; patients are encouraged to bring in their own medicines; following a medicines reconciliation review, they use their own medicines during the hospital stay. On discharge, a copy of the discharge prescription, with a letter explaining any changes, is sent to the patient's GP and regular community pharmacist. Pharmacists and GPs are able to contact the MyMeds team if required. This system aims to encourage appropriate medicines use and reduce medicines wastage.

Nuffield Health

On discharge, Nuffield hospitals give every patient a 'Going Home' booklet. This contains some general information e.g. about their stay, numbers to call for help, as well as specific information tailored to each individual patient. Discharge nurses will go through information on monitoring their condition; when they will need to have stitches take out etc, and a pharmacy professional will counsel the patient on all their medicines, including why any may have been stopped etc. Patients are asked to sign off on this discharge process, including that they have understood all the information given to them and know what to do next to self-manage.

These discharges are also compared to the 'patient survey' and enables pharmacy to check against the patient's real expectations i.e. what they expected and what they signed-off on – any gaps are highlighted and used to help staff improve the discharge service. Nuffield actively support the ISO9001 methodology to bring clarity on what customers expect, with the aim of ensuring that the organisation has sufficient evidence to show that patients have been asked about their needs, which they have tried to meet

3.2 PROFESSIONAL RESPONSIBILITIES

Accurate information about the patient's medicines is transferred to the healthcare professional(s) taking over care of the patient at the time of transfer. Arrangements are in place to ensure a supply of medicines for the patient.

City Hospitals Sunderland NHS Foundation Trust

On nearly all wards at City Hospitals Sunderland, there is an integrated medicines management pharmacist, who manages all medicines related issues for patients during their stay and at discharge. At the point of discharge, the pharmacist is responsible for deciding which medicines are issued on the electronic discharge prescription. The pharmacist will clarify any outstanding issues with the medical team and generate a prescription, adding any medicines related notes for the GP e.g. monitoring, duration of course, etc. The prescription is added to the overall discharge summary and sent to the patients GP. The patient receives a copy of the prescription and a pharmacy technician provides medicines education as required. The summary is also sent to the patient's community pharmacist, if required, especially for patients using compliance aids etc.

East Lancashire Hospitals NHS Trust

Introduced a scheme called Safely HERE Safely HOME. The scheme aims to ensure that information about medicines is accurate - during admission, on discharge and/or transfer of care. During admission, consultants and nurses use a ward round checklist; this captures any changes to medication on the prescription chart and 'forces' clinicians to record the rationale behind these changes. Discharge planning is initiated following admission, so that all medicines and information regarding them is accurately communicated, via letter, to all care providers for the patient e.g. GP, community nurses etc.

Matrons audit the Safely HERE Safely HOME scheme for compliance with its standards and this includes checking a random sample of charts for changes to medication and whether the rationale has been captured. The scheme aims to demonstrate national leadership in this field and has been adopted across different departments in the Trust as a driver for quality services.

Additional examples to demonstrate this standard in practice are available on the RPS 'Map of Evidence' for the following titles:

- Hospital Standards (3.1) - Integrated Transfer of Care - Meeting patient needs
- Hospital Standards (3.2) - Professional Responsibilities - Electronic Discharge System
- Hospital Standards (3.2) – Professional Responsibilities - Discharge Medicines Review Service (DMRS)