

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.

Examples of evidence
<ul style="list-style-type: none">• Policies and documentation;<ul style="list-style-type: none">▪ policies that document clearly expectations around behaviours and actions in the work place
<ul style="list-style-type: none">• Patient input;<ul style="list-style-type: none">▪ national inpatient and outpatient surveys prompting an action plan▪ surveys of patients' experiences of pharmacy services e.g. medicines information help lines, chemotherapy services▪ medicines groups in the organisation have patient input▪ patients are involved in the design/redesign of services and contribute to the design of information resources
<ul style="list-style-type: none">• Staff training

Example of Practice (see Appendix 2 for more examples)

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. **Northumbria Healthcare Trust**

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 implications of choosing not to take them.

Examples of evidence
<ul style="list-style-type: none"> • Patient Information; <ul style="list-style-type: none"> ▪ patients are given written information on their medicines and how to use them. For example patient information leaflets (PILs) are available for all medicines. ▪ ward staff are trained to ensure that patients discharged without seeing a pharmacist get a PIL
<ul style="list-style-type: none"> • Pharmacist contact; <ul style="list-style-type: none"> ▪ a helpline is available, for example, advertised on PIL and in outpatient bags ▪ pharmacy staff on the wards available to answer any queries from patients
<ul style="list-style-type: none"> • Pharmacy support; <ul style="list-style-type: none"> ▪ ward staff refer patients to pharmacy if patients need additional medicines support such as counselling. For example, through a ward pharmacists visit or via a telephone helpline.
<ul style="list-style-type: none"> • Health promotion and wellbeing services; <ul style="list-style-type: none"> ▪ signposting to smoking cessation and alcohol services
<ul style="list-style-type: none"> • High risk medicines; <ul style="list-style-type: none"> ▪ counselling checklists for all high risk medicines; pharmacists and ward staff are trained to use them

Example of Practice (see Appendix 2 for more examples)

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. **Kings College Hospital NHS Foundation Trust.**

1.3 ADHERENCE TO MEDICINES

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

Examples of evidence
<ul style="list-style-type: none"> • Systems and SOPs; <ul style="list-style-type: none"> ▪ in place to identify problems with medicines use on medicines reconciliation; medication history taking; assessments for patients own drugs; monitoring medicines use.
<ul style="list-style-type: none"> • Polypharmacy; <ul style="list-style-type: none"> ▪ STOPP and START tool is used to enable patient medicines to be simplified
<ul style="list-style-type: none"> • SOP and standards for referral to, or liaison with, the intermediate care team, domiciliary support services and community pharmacists
<ul style="list-style-type: none"> • Documentation and training include the principles of medicines optimisation. See RPS good practice guidance on medicines optimisation (England only) http://www.rpharms.com/medicines-safety/medicines-optimisation.asp

Example of Practice (see Appendix 2 for more examples)

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. Luton and Dunstable University Hospital NHS Foundation Trust

Examples of how some sites are achieving delivery of standard 1.0 patient centred:

- survey results are monitored on a continuous basis to measure improvements.
- key performance indicators for patients verbally counselled about high risk medicines
- local patient experience tracker (measure indicated patients do not think that they get enough information)
- ward referrals of patients and carers for pharmacy counselling audited
- audit of referral rates to follow-up services that support medicines use (e.g. New Medicine Service, Chronic Medication Service, Discharge Medicines Review Service or targeted Medicines Use Reviews). Uptake also audited.
- audit of medicines reconciliation rates

Examples of areas for development identified for standard 1.0 patient centred

- develop a programme for ongoing counselling training to incorporate with induction training and refresher training of all staff
- develop the advanced counselling skills of pharmacists
- audit patient experience, currently no standard audit or questionnaire available
- need to improve figures for those counselled as not all patients are identified for counselling
- adapt the Trust medicines reminder card by directorate
- need to do more on information for the blind; pictorial information for illiterate patients; magnifying glasses; non English language
- look more at how to implement and audit NICE guideline 76 (Medicines Adherence)
- put in place formal systems to routinely assess adherence
- prioritise to a greater level advice about ongoing supplies to minimise inconvenience and potential missed doses
- clarify systems in use to liaise with healthcare professionals outside the organisation