



---

## Responding to the Special Inquiry into post hospital discharge care

The contribution that community pharmacies can make

July 2014

# PSNC Response to Healthwatch England Special Inquiry

## Introduction

The 11,500 community pharmacies in England see millions of patients every day, including many who will have been recently discharged from hospital. In many cases pharmacists and their teams will have more regular contact with patients than any other health professionals, meaning they are ideally placed to offer a range of help and advice to patients to help improve their health outcomes.

Along with their vital role dispensing medicines, in recent years pharmacies have taken on a whole range of additional roles, using semi structured discussions to advise patients on how to take their medicines properly or to help them to get used to a new medicine; offering services to help people to stop smoking and lead healthier lives; providing vaccinations; and offering a range of screening and public health testing services.

But pressure on the NHS as a whole is increasing, and HealthWatch England has rightly identified that many patients are not receiving the care that they need following discharge from hospital.

PSNC believes community pharmacies could make a real difference in this area. In some cases this is already happening, but there is much more that pharmacies could do. In this response we explain the services and help that pharmacies can offer, highlighting good practice and setting out some of the evidence for that.

We consider:

1. How community pharmacies can help patients with their medicines following discharge from hospital
2. The success of a community pharmacy reablement service for vulnerable patients
3. How we can harness community pharmacy's potential to improve post discharge care for patients

## About PSNC

The Pharmaceutical Services Negotiating Committee (PSNC) promotes and supports the interests of all NHS community pharmacies in England and is recognised by the Secretary of State for Health as being the representative of NHS community pharmacy contractors. The committee includes 31 independent community pharmacy contractors and representatives of multiple community pharmacy businesses.

Our goal is to develop the NHS community pharmacy service, to enable pharmacies to offer an increased range of high quality and fully funded services that meet the needs of local communities and provide value and good health outcomes for the NHS and the public. We work with NHS England and other NHS bodies, and with the Department of Health, to promote opportunities for the development of community pharmacy services, and negotiate the contractual terms for the provision of NHS community pharmacy services.

## Part 1: How community pharmacies can help patients with their medicines following discharge from hospital

### Introduction to the national community pharmacy medicine optimisation services

The community pharmacy contractual framework includes two national services which are designed to help patients to understand and get the most benefit possible from their medicines. Ensuring their medicines adherence and optimisation can be a crucial factor in helping patients with long term conditions, many of whom may be elderly, to avoid complications with their conditions and admission or readmission into hospital.

The New Medicine Service (NMS) enables pharmacies to have a discussion with patients who have been newly prescribed a medicine for one of the following conditions:

- Asthma or COPD
- Diabetes (Type 2)
- Antiplatelet / anticoagulant therapy
- Hypertension

Patients have an initial conversation with the pharmacist who then follows up a few weeks later to find out how the patient is getting on with the medicine, answer any questions and address any concerns they may have about taking it. Analyses have shown that service is effective in increasing patients' adherence to their medicines.

Medicines Use Reviews (MURs) are semi structured one-off interviews with patients to assess their use of their medicines and help support them in taking them. In October 2011 pharmacies were asked to target a number of groups of patients for these reviews, one of which was patients who had been recently discharged from hospital who had changes made to their medicines while they were in hospital.

Community pharmacies across England are already offering these important services to patients and making a real difference to the quality of care they receive.

### How MURs can help patients following hospital admissions

For patients dealing with long term conditions, admission to hospital can be a very real threat if complications with their condition develop. In some cases where patients are not managing their conditions well, they can end up in hospital repeatedly and see their health deteriorate, sometimes fatally. For example, the recently published National Review of Asthma Deaths found that there was a history of previous hospital admission for asthma in 47% of deaths caused by asthma that they report analysed; and that at least 40 (21%) of the 195 people who died had attended a hospital emergency department with asthma at least once in the previous year and, of these, 23 had attended twice or more.

Community pharmacy teams can make a very real difference to those patients using MURs help them to use their medicines more effectively and avoid complications. The positive impact of MURs is particularly evident in the case of asthma.

In 2010, the Isle of Wight Primary Care Trust ran a project with community pharmacies to help people with asthma to use their inhalers correctly. The project was recognised by the Health Service Journal with an Award in 2011. Before the project, the island's annual spend on medication for the treatment of asthma and COPD was 11% above the national average, and emergency admissions due to asthma at the island's hospital were far higher than would be expected for the population served.

The nine-month pilot saw community pharmacies using MUR consultations to specifically measure the ability of patients to use their inhalers and to provide a free training aid to help retrain them to use them correctly. Key results included:

- 50% reduction in hospital admissions due to asthma over a three-month period
- 75% reduction in deaths due to asthma over the same period

The NRAD authors very clearly highlight the need for improved follow-up of patients with asthma following discharge from hospital to help prevent deaths from the condition. Community pharmacies, as the healthcare professionals who will see many patients most regularly, are ideally placed to offer this support, for example through the provision of an MUR to discuss patients' adherence to medication and their use of inhalers.

Asthma is just one example of a condition in which pharmacists could make a real difference in helping people to use medicines correctly following hospital admissions. In one local area, for example, hospital teams are working on a project to try to ensure that people admitted to hospital with diabetes are automatically picked up for medication reviews with their community pharmacies post discharge, to try to identify what went wrong and how they could improve their health in the future and avoid another trip to hospital.

### **Additional medicines support for vulnerable elderly patients**

In addition to the services outlined above, community pharmacies can offer a wealth of additional help and support to elderly patients to help them to continue living independently and avoid going into or back into hospital. Examples of this include:

- support with re-ordering repeat medicines and the NHS repeat dispensing service;
- home delivery of medicines to the housebound;
- appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people adhere to their medicines regimen;
- falls assessment and reduction services; and
- signposting patients or their carers to additional support and resources related to their condition or situation.

## 2: The success of a pharmacy reablement service for vulnerable patients

As we have outlined, for many patients who are not able to manage their long-term conditions or whose health is deteriorating, admission and readmission into hospital can be a very real possibility. By caring properly for those patients who are admitted, we can help to improve their health and quality of life, simultaneously reducing the chance that they will be readmitted to hospital at a later date.

The impact of effective reablement following hospital admission was clearly demonstrated in a recent project on the Isle of Wight. The project saw hospital and community pharmacy teams focusing on reablement. Hospital teams helped patients to understand their medicines while they were in hospital, addressing concerns and provide them with support for taking their medicines both in the hospital and when they left. Following patients' discharge, community pharmacists were given the results of the patients' hospital assessments then visited their homes to offer them further support with their use of medication, assessing how they were doing in their own homes and reinforcing the previous advice and help given.

254 high risk patients were recorded within the programme and data analysed for two years both before and after reablement. Before reablement the patients had between them a total of 845 hospital admissions over the 2-year period accounting for 13,108 bed days. This was an average of 51.6 bed days per patient and 3.33 admissions per patient.

In the 2-year period after reablement there was:

- A 37% reduction in patients being readmitted to hospital
- A 63% reduction in total number of admissions across all the patients
- A 41% reduction in admissions per patient – down to 1.96 per patient
- A 67.5% reduction in hospital bed days
- A 48.43% reduction in average length of stay in hospital for patients – down to 26.6 bed days

These results demonstrate the difference that effective care following admission to hospital can make to patients – improving future health outcomes and helping them to avoid readmissions.

## Part 3: How we can harness community pharmacy's potential to improve post discharge care for patients

Community pharmacies across England are already able to provide care to people who have recently been discharged from hospital through the provision of a Medicines Use Review (MUR) to help ensure that they understand and know how to get the most from their medicines. In some areas local services have enabled pharmacies to go further than this, providing more specialised advice support for patients, sometimes in their own homes, following their discharge from hospital.

But we believe there is far more that pharmacies have to offer, and that progress in the following areas could make a real difference to patients being discharged from hospital across England.

### Extending evidence-based specialist services

PSNC believes that implementing some of the local specialised reablement services, such as that described on the Isle of Wight, at a national level would enable the most rapid increase in the contribution of pharmacies to the care of people who have recently been discharged from hospital.

However, recognising the wide focus on local service commissioning, we believe that local commissioners are also ideally positioned to implement such services themselves to help local patients. Where such services are offered at a local level, community pharmacies could make a significant contribution to caring for people after they leave hospital and for helping them to avoid being readmitted.

### Increasing uptake of existing national services

One of the challenges for pharmacies providing the existing MUR service is the need to identify eligible patients without access to full medical records. This is particularly evident in the case of discharge MURs, where community pharmacies may well not know that a patient has been admitted to hospital and may require an MUR afterwards.

PSNC believes that if hospital staff were to routinely refer eligible patients for MURs or the NMS as they left hospital, there could be an increase in the advice provided to patients leaving hospital and this could have a significant impact on improving the care they receive. Achieving this would require hospital staff to have an understanding of the services and the ability to refer. To help, a guide and referral form are available to download from: <http://psnc.org.uk/services-commissioning/working-with-hospital-colleagues/>

The promotion of these materials and the services to hospital staff at a local level could be a real benefit and help improve the health of local patients.

### Improving communications channels

It is widely accepted that when patients move between care providers, such as out of hospital and into primary care, the risk of miscommunication and unintended changes to medications is a significant problem. It has been reported that between 30 and 70 per cent of patients have either an error or an unintentional change to their medicines when their care is transferred.

We believe that the MURs and NMS, as outlined above, can support this transfer of care and help to improve health outcomes for patients by ensuring that they understand the medicines they have been prescribed, why they should be taking their medicines and how to take their medicines correctly.

In order to support appropriate patient referrals being made to and from community pharmacies it is important that healthcare IT systems develop to allow the sharing of patient information between all healthcare providers. The inability of most systems even within primary care to communicate and share patient data electronically is proving to be a major block to developing new innovative services and effective collaborative relationships that would benefit patients.

To improve this, direct electronic communication between community pharmacies and other healthcare providers must be facilitated, using standardised messaging systems which allow easy integration of the communications into patients' records. East Lancashire Hospitals NHS Trust has recently collaborated with partners to develop one such system (refertopharmacy system) to allow patients being discharged from hospital to be referred to their community pharmacy for support with their medicines post discharge.

The second aspect to information sharing and transfer is for community pharmacy to be able to access the Summary Care Record (SCR) and GP patient records, where there is a legitimate need for this access and the patient gives their consent. This would support the development of a single consolidated record for information that could be used by all professionals actively involved in a patient's care, thereby improving continuity of care when patients pass between providers such as when they move in and out of hospital.