

31st March 2010



LOCAL INVOLVEMENT NETWORK
Your Stronger Local Voice

NOTTINGHAM
CITY LINK

HOSPITAL DISCHARGE REPORT
DISPENSING MEDICATION FOR INPATIENTS



Task and Finish Group Report

Contents

Executive Summary	2
1. Origination of Issue	4
2. Participation & Partnership Working	4
3. Background to the Pharmacy Project	5
4. Research and Collation of Information	6
5. Results	7
6. Recommendations	11
8. Monitoring of recommendation uptake	12
9. Appendices	13
a. Nottingham City Local Involvement Network (LINK) Hospital Discharge Task and Finish Group Terms of Reference	13
b. Bright Sparks Proposed Project Schedule	15
c. Copy of statutory request for information letter	16
d. Copy of statutory request for information letter - NUH Trust	17
e. Commentaries on Standards for Better Health	20
f. Nottingham City (LINK), Minutes Task and Finish Group	28

Executive Summary

The Local Involvement Network is an independent network of local individuals, groups and organisations that work together to raise community concerns about all publicly funded health and social care services. Since April 2008 LINKs have been set up in every Local Authority area in England to give communities a stronger voice in how their health and social care services are planned and delivered.

The LINK is not a complaints service. It will investigate issues, propose improvements and use its powers to hold service providers to account. The LINK will refer matters to the relevant complaints agencies when issues fall outside of the LINKs remit.

Here at the Nottingham City LINK we consult with the community to gauge their experiences of how health and social care services are delivered in their area. Then we listen to what the community's recommendations are and use the powers of the LINK to make a difference at a local level.

The Nottingham City LINK is led by a Board of Directors that identify the key strategic priorities for the LINK in the annual Work Plan. The Work Plan stated the central work-streams that LINK Participants can get involved in by becoming members of a Task and Finish Group. Thus, the Hospital Discharge Task and Finish Group consists of interested LINK participants that have patient experiences, or related work experience, or are simply interested in the topic. Since October 2009 the Group has been combining their areas of expertise to compile this report which focuses on the process of dispensing medication for inpatients that are awaiting discharge.

We have identified possible ways to improve the current processes and practices for hospital discharge. We are confident that the service providers will welcome these recommendations and find them invaluable to ensure effective patient and public engagement in service improvements.

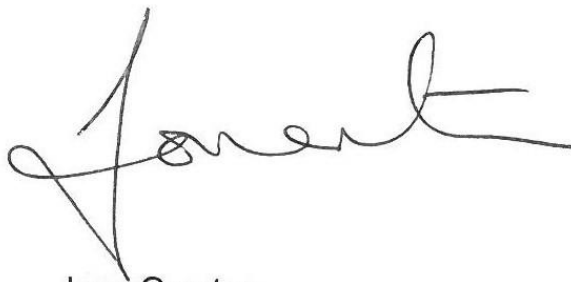
The key recommendations are as follows:

1. The Nottingham City LINK request involvement in the Patient Information strand of the NUH Trust Discharge Project, ensuring patient and public involvement at all stages of reviewing discharge information.
2. The Hospital Discharge Lounges and waiting rooms at both NUH Trust hospitals should include illustrative information about the Discharge Process and possible waiting times. This information also needs to be available in suitable formats to make it accessible for all.
3. The LINK recommends an evaluation in patient satisfaction between patients waiting on the ward and those waiting in the Discharge Lounges.

4. Equality between discharge practices for distribution of medication between the QMC and the City Hospital. One policy shared throughout NUH Trust.
5. A key recommendation for consideration when reviewing the Discharge and Transfer Policy is to ensure there is flexibility on the limited period of time when discharge letters can be issued, in cases where medication has been dispensed and transport arrangements are preferable.
6. Implement a flexible approach to discharging patients at a time appropriate for the individual.
7. Implement a transparent monitoring and record keeping process for prescriptions that are assembled on wards.

A very important part of all of Nottingham City LINKs' activities is feedback. This report will be distributed to all relevant stakeholders, providers and commissioners. In addition to this, a special edition of the Nottingham City LINK Newsletter outlining the findings of all Task and Finish Groups will be distributed to all LINK participants and partners. The Board of Directors and LINK Support Team will monitor uptake of these recommendations.

I would like to show gratitude to Katie Moore and Sue Ellis for taking the time to answer our questions and for keeping us up to date with the processes for hospital discharge. Also I would like to commemorate the Task and Finish Group members for all their hard work and dedicated time.



Jane Overton
Chair of Hospital Discharge Task and Finish Group

1. Origination of Issue

Three issues had been fed into the Nottingham City LINK about hospital discharge services. These issues were fed into the LINK as a result of planned engagement activity and highlighted concerns in the community relating to delayed and unsafe discharge, with particular reference to the treatment of homeless people and those without private transport.

All issues raised to the Nottingham City LINK are analysed by the Issues Panel (a panel of LINK participants) using a set of questions which help to score and prioritise concerns without having bias. The same questions are used for every issue, as approved by the Nottingham City LINK Board of Directors in April 2009. The issues received by the Nottingham City LINK regarding Hospital Discharge were processed by the Issues Panel and forwarded to the Board of Directors to consider inclusion in the Work Plan for September 2009 to March 2010. The Board of Directors felt this issue deserved more in-depth research and should be processed as a Task and Finish Group of LINK members with specific expertise and interest in Hospital Discharge.

2. Participation & Partnership Working

Once this issue had been prioritised by the Issues Panel, the referrer was notified and invited to take part in the Task and Finish Group. Registered LINK participants and known stakeholders were also invited to form a Group that would select a process to make recommendations from a service user perspective. At the initial Task and Finish Group meeting, participants identified any gaps to ensure there was a good balance of representatives from organisations or services and individual service users.

Below is a list of participants and partners involved in the group:

David Turner	LINK Board of Director - Lead
Jane Overton (Chair)	LINK Participant - Chair of the Group
Anthony Oliver	LINK Participant
Catherine Jameson	LINK Participant, HLG
Jennifer Golding	LINK Participant, NHS Intermediate Care Service
Marian Tudball	LINK Participant
Pat Nicholson	LINK Participant
Mavis Harrison	LINK Participant
Alicia Rowley	LINK Participant, NHS Nottingham City Commissioning Officer, Mental Health, Learning Disabilities & Marginalised Groups
Laura Thomas	LINK Support Team
Laura Marano	LINK Support Team
Katie Moore	Nottingham University Hospitals NHS Trust Patient and Public Involvement Lead (Partner)

3. Background to the Pharmacy Project

The Board of Directors of Nottingham City LINK decided to include Hospital Discharge as a clear work-stream in the September 2009 to March 2010 Work Plan. This decision was not only related to the amount or urgency of community concerns brought to the LINK, but also an opportunity for continuity of the legacy of the Patient and Public Involvement Forums.

For patients living in Nottingham it is clear that their primary concerns are not only about the quality and efficiency of the health care they receive in hospital, but also the after care and increased chances of a speedy recovery following a smooth, timely and safe discharge process. Thus, the Nottingham City LINK wanted to make a positive and complementary contribution to the current work on Hospital Discharge carried out by Nottingham University Hospitals (NUH) NHS Trust.

Referrers made the LINK aware of two key focuses within the subject of Hospital Discharge. Firstly the waiting times for receiving medication. LINK participants felt that once being informed that the patient can be discharged from hospital, waiting times can increase because of delays in receiving medication. Thus, the Board of Directors felt that further research needed to be done to highlight whether the Pharmaceutical discharge process did cause delays in waiting times and how this affects patients. The second referral was based on social care packages following discharge from hospital.

The Nottingham City LINK and support team then put together a Task and Finish Group to focus on these two issues. Due to the tight deadline to produce clear and informed recommendations on this topic the Task and Finish Group decided to commission an independent research company to carry out the research. The Nottingham City LINK commissioned "Bright Sparks" to gather primary data on patients' experiences of hospital discharge focusing on the process of dispensing medication. Bright Sparks and the Task and Finish Group designed a questionnaire and worked collaboratively with the research company on where and whom this research should target.

The Task and Finish Group anticipated that the study would identify possible aspects of the TTO (Tablets to Take Out) process that cause delays in discharge. A further recommendation may also be made regarding the procedures and policies for prescribing medication at the point of Discharge. The expected outcome from this piece of work was to ensure that patients receive an equitable high quality service whether they are in-patients at the Queens Medical Centre (QMC) or the City Hospital.

The first aim of the Task and Finish Group was to draft and agree the Terms of Reference. The Support Team assisted by providing a draft Terms of Reference that was suitable for the task in hand. The members of the group contributed to these

Terms and took ownership of the key objectives (a copy of the Terms of Reference are available in appendix 1). The Support Team was asked to recommend a research company to carryout primary research with patients from the QMC and the City Hospital. Following the approval of the Task and Finish Group, Bright Sparks was commissioned to produce a final report, including all findings and recommendations, by the first week of March 2010 (copy of the proposed Project Schedule refer to appendix 2).

A questionnaire was drafted and was ready to be rolled out by January 2010. However, once the research team was attempting to have access to the target wards and Discharge Lounges, NUH arranged to have a meeting with the Support Team to provide more transparent information about what NUH are currently doing to improve their Discharge procedures and practices.

Following the informal meeting with the lead of the NUH Discharge Project and the LINK Senior Community Engagement Worker (Research), the Task and Finish Group decided to suspend the research project. This decision was led by the view that any findings of primary research carried out by the Nottingham City LINK would be superfluous and duplicate current monitoring and evaluation activities being carried out by NUH.

4. Research and Collation of Information

This group has identified the following policies as relevant to the study:

- Achieving timely simple discharge from hospital: A toolkit for the multi-disciplinary team (DoH, 2004).
- Nottingham University Hospitals NHS Trust - Operational Policy and Procedures for the Discharge of Patients from Hospital.
- Nottingham University Hospitals NHS Trust – TTO Process – F21 (November 2009).
- Nottingham University Hospitals NHS Trust – Discharge Project – Current Position (February 2010).
- Nottingham University Hospitals NHS Trust – Medicines Code of Practice: Medicines Management when Patients are Discharged from Hospital (August 2009).
- Nottingham University Hospitals NHS Trust – Service Productivity and Efficiency Plan – Version 8.0 (July 2008).
- Nottingham University Hospitals NHS Trust – Standards for Better Health Commentary Report (June 2006).
- Nottingham University Hospitals NHS Trust – Patient and Public Involvement Strategy (2008 to 2011).

5. Results

NUH Trust has been working very hard on implementing a Discharge Project that is part of a wider Service Improvement and Efficiency strategy. The Discharge Project has been in place for two years now and is finalizing the *Staff Information* work stream.

The LINK made a formal request for information to the Lead for Patient and Public Involvement and the Chief Executive of the Trust (for a copy of this letter please see appendix 3). This request aimed to gather publicly available information on the current TTO process implemented by NUH Trust and a copy of any improvement plans for the Discharge Processes. Furthermore, the LINK requested monitoring information and any statistics on the waiting times for patients being discharged.

The LINK received a reply from the Trust within the 20 working days statutory deadline. The letter detailed information about the priorities and approach for improving Hospital Discharge implemented by NUH Trust. It encourages the LINK to refer to the Trust Discharge and Transfer Policy (November 2008) for clarity on the processes used – this report is due to be reviewed in April 2010.

The Director of Communications and Engagement at NUH (Cath Lovatt) states that; “We aim to ensure that plans for discharge are discussed with patients and relatives on or prior to admission” (refer to the letter in appendix 4). This confirms that comments made by the LINK predecessors the Patient and Public Involvement Forums in 2006 have been adhered to. One of the PPI Forums’ recommendations in the *Standards for Better Health Commentary* June 2006 – for the Interim Medical Director – was as follows:

“That the information and literature which patients receive prior to admission is reinforced with them on admission and this good practice continues to be reinforced at every stage of their progress through the patient pathway” (for a full copy of the report please refer to appendix 5).

Cath Lovatt expanded by explaining that the discharge process actually starts at the moment the “patient enters the ‘front door’ of the hospital” and that the Trust plans to initiate the process even earlier for those patients that have planned admission to the hospital (refer to appendix 4). There is an Integrated Discharge Team that combines the expertise of nurses and allied professions (i.e. occupational therapists). This team works with wards and the emergency department to plan the discharge of patients with complex care needs. In addition every ward has a Discharge Coordinator that works to reduce any delays for the discharge of inpatients. Part of the responsibilities of the Discharge Coordinator is ensuring all medication has been assembled and that transport has been organised for the patient.

The Nottingham City NUH NHS Trust has been very flexible and receptive to the requests of the LINK. The Support Team liaised with the PPI Lead at NUH to organize a presentation from the Pharmacy Department to answer any questions the Task and Finish Group had (for details of this meeting refer to appendix 6). The Assistant Director of Pharmacy, Sue Ellis, took the time to come and talk to the Task and Finish Group to answer any questions and explain the pharmaceutical process for the discharge of inpatients.

The Assistant Director of Pharmacy gave a very lucid explanation of the process of dispensing medication both at the QMC and the City Hospital. Sue Ellis stated that the Trust tries to encourage patients to bring their own medication to hospital. In the case that the patient does not have their medication with them or the medication is insufficient – NUH Pharmacy makes a supply. Sufficient medication for one month is supplied in most cases. The aim is that at the time of discharge there will be sufficient medication already dispensed to fulfill the discharge prescription. Some medication is pre-packed thus, the pharmacists only have to add the name of the patient and the dosage. When medication needs to be assembled this may take more time.

There are key steps in the process of dispensing medication:

- First check if the prescription during admission is adequate for the patient.
- Then assemble any required medication during admission – at this stage the pharmacist will, when possible, speak to the patient directly about their medication.
- The doctor is requested to write the discharge prescription on the day before discharge. In this case, Pharmacy can have all medication ready the day before discharge.
- The discharge prescription is inspected by a pharmacist for accuracy, completeness and appropriateness. This may take place on the ward or in the dispensary.
 - If all the medication is available on the ward, the whole process can be completed on the ward. The pharmacist aims to speak to as many patients as possible about their discharge medication.
 - If the medication is not all available on the ward – the prescription chart is sent to pharmacy for completion, then returned back to the ward with the remaining items that needed dispensing.
 - If the pharmacist is not available to inspect the prescription on the ward, the discharge prescription and any medications already allocated to that patient are sent to the pharmacy. When completed, the medications and prescription are returned to the ward.
- Once the medication is received on the ward the nurse does a final check before reaching the patient.

NUH NHS Trust does not have the staff capacity to talk to all patients regarding their treatment. However, best practice emphasizes the benefits of having more one-to-one contact between the pharmacists and the patient. Given the opportunity to speak to a patient directly might reduce the possibility of prescribing too much medication. Pharmacist technicians take part in this activity. The availability of a pharmacist at the point of discharge varies and there are key differences between the City Hospital and the QMC discharge process:

1. At the QMC: most medication is assembled on the ward. The prescription is checked by the pharmacist, and head nurse on the ward. This allows for more direct contact between the patient and pharmacist.
2. At the City: most medication is assembled in the pharmacy. This process means that there are very few opportunities for pharmacists to talk to patients directly.

In relation to the possible delays that may occur during the process of dispensing medication Sue Ellis gave a very transparent explanation of possible scenarios:

- There is a possibility that prescriptions are not written at the same time as when the patient is informed of their discharge.
- Occasionally the transport of a discharged patient is organised before a prescription has been provided.
- NUH has the practice that the discharge process starts at the point of admission. The pharmacist ensures the patient has the adequate medication at the point of admission right up until the point of discharge. However, this works during normal working hours – when patients are admitted on weekends/out of hours a pharmacist follows up on their medication later in the week as soon as the pharmacy has the staff capacity to do so.
- The use of “Blister Packs” (MDS – Monitored Dosage System), which are favoured and used widely by community pharmacists, increase the workload of hospital staff as nurses and pharmacists are unable to identify the exact name of each medication. The supply from the Blister Pack cannot be used to administer the medication to the patient during the inpatient stay. The patient may have several prepared Blister Packs at home, since they are prepared in batches of four (one months’ supply) by the community pharmacy and this also increases the likelihood of over prescribing or duplicating prescriptions. A new supply in a Blister Pack has to be supplied by the hospital on discharge, if there have been any changes in the medication.

At the moment NUH is using a system called “SCRIPT-LOG” to track all discharge information that is processed in the Pharmacy. However, this excludes all medication assembled on the ward. The SCRIPT-LOG is a monitoring tool to quantify the pharmaceutical discharge services and to identify any delays or areas for improvement.

Sue Ellis added that there is a current initiative at NUH to reduce the time pharmacists spend on each ward to try and increase the number of wards visited by a pharmacist. Furthermore, unlike other strands of discharge the pharmacy procedures are prioritised according to the time the patient is being discharged and not the time the prescription is received. In relation to the turnaround times for dispensing medication the target for the Pharmacy department both at the QMC and the City Hospital is four hours from receipt of the prescription (refer to appendix 4). However there might be variations in this target as some prescriptions are not as urgent as others depending upon the projected discharge time. Furthermore, the Pharmacy Department has the added demand of ensuring out-patients are not waiting for their medication in order to be discharged.

The LINK was also informed of the current E-Discharge Project which is at very initial stages. There is a new requirement of NHS Hospitals to ensure that GPs are informed of the discharge of their patients within 24 hours of being discharged. Thus, an electronic system for notes on the TTO (Tablets to Take Out) process is being piloted. This record of all prescriptions made for the inpatient will be more legible for the patient and will be sent electronically (instantly) to the respective GP as soon as the patient has been discharged. This project will be implemented within the next few months.

The LINK enquired about the working relationship between the NHS Treatment Centre and NUH. The Assistant Director of Pharmacy explained that NUH have a Service Level Agreement (SLA) for the Treatment Centre which specifies that NUH has the target of processing all prescriptions within three hours. This means the Treatment Centre is usually fully staffed by NUH pharmacists, which has a knock-on effect on the staffing levels at the QMC Pharmacy Department. The NUH Trust Pharmacy Department (across both hospitals and the Treatment Centre) employs an average of 200 pharmaceutical staff, including the technicians.

In conclusion, the Pharmacy Department is aware of the gap in monitoring data on waiting times for discharge in relation to dispensing medication. Monitoring and record keeping of this process is made only in the pharmacy and not on the wards. Thus, it is difficult to project any worst case scenarios. Furthermore, every patient is different and their needs are always subjective and it is necessary to use a process that is flexible and adaptable to the needs of the patient.

6. Recommendations

Based on the results and findings within this report the Nottingham City LINK would like to make the following recommendations;

1. The Nottingham City LINK request involvement in the Patient Information strand of the NUH Trust Discharge Project, ensuring patient and public involvement at all stages of reviewing discharge information.

2. The Hospital Discharge Lounges and waiting rooms at both NUH Trust hospitals should include illustrative information about the Discharge Process and possible waiting times. This information also needs to be available in suitable languages and formats to make it accessible for all.

3. The LINK recommends an evaluation in patient satisfaction between patients waiting on the ward and those waiting in the Discharge Lounges.

4. Equality between discharge practices for distribution of medication between the QMC and the City Hospital. One policy shared throughout NUH Trust.

5. A key recommendation for consideration when reviewing the Discharge and Transfer Policy is to ensure there is flexibility on the limited period of time when discharge letters can be issued, in cases where medication has been dispensed and transport arrangements are preferable.

6. Implement a flexible approach to discharging patients at a time appropriate for the individual.

7. Implement a transparent monitoring and record keeping process for prescriptions that are assembled on wards.

8. Monitoring of recommendation uptake

Feedback from the work will be provided initially through a report and recommendations which will be distributed to all stakeholders, providers and commissioners. In addition to this, a special edition of the newsletter outlining the findings of all Task and Finish Groups will be distributed to all LINK participants and partners.

It is also anticipated that a feedback session with stakeholders, providers and commissioners will take place during the Annual General Meeting in June 2010.

The Task and Finish Group will monitor uptake of recommendations and continue feedback when necessary.

9. Appendices

a. Nottingham City Local Involvement Network (LINK) Hospital Discharge Task and Finish Group Terms of Reference

1.0 Constitution

The Board of Directors hereby resolves to establish a Task and Finish Group of the Board of Directors to be known as the Hospital Discharge Task and Finish Group. The Group is a non executive committee of the Board of Directors and therefore has no executive powers, other than those specifically delegated in these Terms of Reference

2.0 The Chair

The chair shall be appointed by the Group following the agreement of the Board of Directors, and will be voted on within the Group following self nomination. At this point a vice chair will also be appointed. The chair and vice chair will remain in this position for the duration of the Task and Finish Group. If the chair or vice chair resigns before that time, the Group will self nominate and elect at the earliest opportunity.

3.0 Membership

The Group shall be appointed by the Executive Board, and consist of a maximum of twenty members. A quorum shall be three members. Although the core membership will be ascertained, the Group reserves the right to invite participants when necessary in order to utilise expertise and knowledge. Each member of the Group must also agree to the Governance of the Nottingham City LINK paying particular attention to the Code of Conduct, and sign to this affect.

4.0 Attendance

The chair and vice chair of the Group will normally attend all meetings. Members of the Group must not miss more than three consecutive meetings unless in extreme circumstances, or with prior arrangement with the chair or team lead. A team lead will normally attend all meetings to take minutes and provide the appropriate papers and documentation. Meetings will be held at least monthly, and will usually last for two hours. All meeting papers will normally be sent to members no more than two weeks prior to the meeting, and no less than one week prior to the meeting.

5.0 Authority

The Group is authorised by the Board of Directors to carry out and complete the work of the Task and Finish Group in line with the work plan, and the original issue raised by the public under the name Nottingham City LINK – Hospital Discharge Task

and Finish Group. The Group can also make recommendations and refer further issues on to any Nottingham City LINK Task and Finish Group or to the Board of Directors at the group's discretion. The group is authorised by the Board of Directors to obtain outside independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The group can also work in partnership with the Nottinghamshire County LINK on any similar work at their discretion.

6.0 Roles and Responsibilities

- To identify the time it takes to receive medication following Discharge from Hospital
- To identify the ease of transition to social care services from health care services following discharge from hospital
- To work in partnership with the Bright Sparks research company in order to carry out the necessary research
- To produce an interim report of the work done so far by December 2009 including outcomes.
- To ensure that all work is completed and reported by February 2010. If the Task and Finish Group wish to carry out any further work after March 2010, this must be agreed formally by the Board of Directors
- To undertake Criminal Records Bureau (CRB) checks and Enter and View Training as appropriate
- To Enter and View premises if required under the guidance and consent of the Board of Directors

7.0 Reporting

The minutes of the group meetings shall be formally recorded by a team lead, and will be made available to the Board of Directors at all times. A nominated member of the group will feedback to the Board of Directors at least quarterly, and will in turn, feedback any information from the Board of Directors to the group.

8.0 Other Matters

The group will be supported by the Team Lead whose duties include;

- Agreement of the agenda with the chair or vice chair
- Taking minutes and keeping a record of matters arising and issues to be carried forward
- Ensuring all relevant papers are provided for the meetings

b. Bright Sparks Proposed Project Schedule

Nottingham City LINK, Dispensing Medication Times Consultation 2009

PROJECT NUMBER: NL905

The following are the key activities of the project and the dates by which we propose they have to be completed by.

Please pay particular attention to your role in the project. If the activities are not completed by the time specified there will be an impact (a delay) on the final completion date.

Target = 100 questionnaires completed

Activity	Responsibility	Start Date	Completion Date
Project commissioned	NL		10/11/09
Briefing/Inception meeting	BSR & NL		18/11/09
Finalisation of questionnaire & communication material	BSR & NL		08/01/09
Fieldwork set-up: questionnaire print, briefing etc	BSR		15/01/10
Fieldwork: face to face interviews	BSR		30/01/10
Data processing & analysis of questionnaires	BSR		12/02/10
Final report produced	BSR		26/02/10

BSR = Bright Sparks Research

NL= Nottingham City LINK

Project updates via the telephone and e-mail shall be provided on a regular basis.

**c. Copy of statutory request for information letter –
Nottingham City LINK Chair**

Date: 26 February 2010

Dear Katie Moore,

Ref: Nottingham City LINK 20 day Statutory Letter: Hospital Discharge (LT)

Following feedback from the community, Nottingham City LINK has established a Task and Finish Group looking into the following:

Waiting times for patients receiving medication at the point of hospital discharge.

Although we appreciate that you are already aware of this work, and have assisted us with gathering information and contacts, we would now like to formally request further information.

The Task and Finish Group would therefore like to request information from you including any relevant work, studies or research conducted over the last two years on hospital discharge, and any information regarding any future work or developments within your trust on the subject of discharge, and specifically, information regarding waiting times, and pharmaceutical processes.

If you are aware of any further information which may be of use to this Task and Finish Group, it would be gratefully received.

We look forward to hearing from you and hope to continue to work alongside you in relation to this issue.

Yours faithfully,



David Turner

Chair

On behalf of the Nottingham City LINK

d. Copy of statutory request for information letter - NUH Trust

Nottingham University Hospitals 
NHS Trust

Trust Headquarters
QMC Campus
C Floor South Block
Derby Road
Nottingham
NG7 2UH

Tel: 0115 9249924 ext 66612
Fax: 0115 970916
Email: katie.moore@nuh.nhs.uk
www.nuh.nhs.uk

19 March 2010

David Turner
Chairman
Nottingham City LINK
Unit 2 E2
Southglade Business Park
Cowlares
Nottingham
NG5 9RA

Dear David

Waiting Times for patients receiving medication at the point of hospital discharge

Thank you for your letter of 26 February enquiring into discharge arrangements at Nottingham University Hospitals (NUH) NHS Trust. We recognise that safe planning for discharge is integral to good care and for this reason we have invested significant time and effort into reviewing and improving these processes over the last few years.

I note that you are particularly interested in understanding the work that the Trust has done around discharge and what future developments are planned within this area. You have also asked about the turnaround times for medications and pharmacy processes.

To tackle these topics in turn:

1. Improving the Discharge Process at NUH

Our Trust is committed to improving the discharge for patients, and we continuously work to enhance the way we discharge patients and reduce unnecessary delays. Our hospital discharge service is described in our Discharge and Transfer Policy which was approved in November 2008. The policy will be reviewed in April 2010 and has been circulated widely.

-2-

We aim to ensure that plans for discharge are discussed with patients and relatives on or prior to admission. Following admission, the ward monitors how care is progressing, and makes regular assessments of when they are likely to be fit for discharge. Every patient is an individual and the teams aim is to review the predicted discharge date daily and consider whether any perceived delay is acceptable, for example due to the patient's individual needs.

We have redesigned our processes so that wherever possible we plan for discharge from the moment our patients enter the 'front door' of the hospital. In the near future we plan to bring planning for discharge even earlier into the process for those patients who have planned admissions to hospital, by standardising the 'pre-admission' visit to include discharge planning.

The Trust has an Integrated Discharge Team which works with all wards, to plan the discharge of patients with more complex care needs. They are a team of ten experienced nurses and Allied Health Professionals (e.g. Occupational Therapists, Physiotherapists) who have particular skills and understanding in helping patients with ongoing needs relating to treatment, care and support. The team work with wards and departments throughout the Trust including the Emergency Department. Patients on medical wards often have more complex discharge needs.

The Trust also has invested in dedicated discharge coordinators who work closely with these wards to ensure patients who are ready for discharge are not delayed. Some of their work includes ensuring that medication and transport are booked and ready for the planned discharge date. We also work very closely with the providers of community health services and with local authority social services departments to ensure that any ongoing health or social care needs will continue to be met once a patient leaves hospital.

2. Pharmacy discharge process and turnaround times

The Pharmacy department reports its discharge prescription turnaround time to a senior Trust group (Emergency Access meeting) on a weekly basis. A target turnaround time of 4 hours from receipt of prescription into Pharmacy is aimed for. As well as providing discharge medication, the Pharmacy has many other roles for example waiting time demands for its out-patients and inpatient work.

The Pharmacy aim to deal with discharges at ward level as much as possible, in the following ways:

- using patients own drugs – this offers a saving to the health economy, and speeds up the discharge process

-3-

- one stop dispensing – issue of drugs to a patient during in-patient stay, and labelled with dosing instructions allowing prompt issue of drug if no further changes made to prescription
- availability of a range of commonly used drugs, pre-labelled with dosing instructions – taking away the need to send a prescription to a larger pharmacy

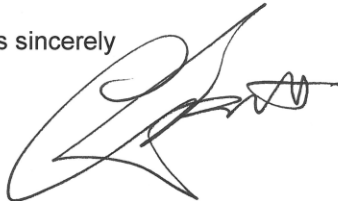
An added value of undertaking the above activities (at ward) level gives the opportunity to counsel patients about their drugs.

To try and ensure staff and patients kept update with the progress of dispensing medication there is a tracker system in operation allowing for other arrangements (such as transport) to be arranged.

The Pharmacy department is committed to continually improve the service for patients around medications for discharge whilst maintaining the emphasis on safety.

In the meantime Katie Moore, Head of PPI and Sue Ellis, Senior Pharmacist from NUH have attended a meeting with Nottingham City LINK colleagues on Friday 12 March to provide a verbal update on discharge medication and processes. However, if you require any further information please do not hesitate to contact me.

Yours sincerely



Cath Lovatt
Director of Communications & Engagement

CC: Amanda Callow, Discharge Matron
Malcolm Partridge, Head of Pharmacy

e. Commentaries from external bodies on Standards for Better Health

Nottingham University Hospitals 
NHS Trust

TRUST BOARD – 1 JUNE 2006
REPORT OF THE INTERIM MEDICAL DIRECTOR
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST
STANDARDS FOR BETTER HEALTH

COMMENTARY

The “Standards for Better Health” Declaration includes commentaries from the Overview and Scrutiny Committee, Patient and Public Involvement Forum and the Strategic Health Authority. This paper sets out the verbatim commentaries submitted by these bodies for each of Nottingham University Hospitals two legacy organisations in May 2006. No specific actions or recommendations arise out of these commentaries.



Dr Stephen Fowlie
Interim Medical Director
May 2006

Overview and Scrutiny Committee Commentaries

Queens Medical Centre

The Joint City and County Health Scrutiny Committee is pleased to have received evidence of compliance with the majority of the core standards. The progress made between the draft and final declarations is recognised, as is the significant effort that has been put into maintaining services in a time of disruption and uncertainty. The Committee acknowledges the positive way in which the Trust has worked with them over the last year and looks forward to taking things forward in the coming year. This year, due to time constraints, the Committee selected and agreed to focus their comments on the following Core Standards: C17, C18, C22a, b and c.

C17 - The Committee have evidence from earlier work regarding the close involvement of patients and others in the planning of the NHS Treatment Centre which is currently being developed on the site. The Committee are also aware that the Hospital has a positive working relationship with their Patient and Public Involvement Forum.

C18 - The Committee learnt that the diverse needs of the population are well catered for in, for example, menu choices, a multi-faith centre, and interpretation services. The ethnicity and religion of patients is also recorded and analysed. However, the data is not compared to the population served and therefore potential information about which communities are accessing services could be lost. There are good public transport links from city and the hospital is engaged in talks on a possible extension of Nottingham's tram. The Trust has a target to provide five percent more care in community settings per year for five years leading to easier access. However, thus far, only brief discussions have been held with primary and social care on delivery of services through LIFT sites.

C22a and C22c - The Committee is aware of positive relationships between NHS Trusts and positively developing relationships with social services. Although the hospital was not invited to take part in LSP or CDRP, commissioners are involved and the hospital therefore took the view that it wouldn't become involved unless invited, relying on PCTs to relay information. This hospital is positive about being involved in these partnerships if invited to.

C22b - The Hospital's catchment area covers a number of PCTs and therefore has a large number of Public Health Reports to incorporate. It is a completely non-smoking campus and therefore is encouraging smoking cessation amongst patients and staff. A Q-Active scheme is encouraging exercise amongst staff. These are priorities in all of the Directors of Public Health Reports.

Nottingham City Hospital

The Joint City and County Health Scrutiny Committee is pleased to have received evidence of compliance with the majority of the core standards. The progress made between the draft and final declarations recognised, as is the significant effort that has been put in to maintaining services in a time of disruption and uncertainty. The Committee acknowledges the largely positive way in which the Trust has worked with them over the last year and looks forward to taking things forward in the coming year. This year, due to time constraints, the Committee selected and agreed to focus their comments on the following Core Standards: C17, C18, C22a, b, and c.

C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

The Committee agree that the Trust is working well to involve patients and carers in any changes to healthcare services. We have evidence of the involvement of patients and carers on the project groups that developed plans for the relocation of the Cedars Rehabilitation Unit and were informed of a number of other service changes and the involvement of patients and carers. The hospital also has positive relationships with its Patient and Public Involvement Forum.

C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably. The Committee have evidence that the Trust collects data on the ethnicity of patients and that a training programme on equalities and diversity is being rolled out to all staff.

However, the data is not analysed in such a way that the Trust can be assured that all ethnic groups are accessing their services equally. The Committee has heard about the efforts made by the Trust to ensure that its services are accessible, for example, having a drop-in diabetes clinic and evening renal clinics as well as back services being delivered in the community. Car parking remains an issue on the site.

C22a and C22c Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and C22c Healthcare organizations promote, protect and demonstrably improve the health of the community served by making appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships. The Hospital does work closely with other organisations, both local authority and NHS.

C22b Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices. One of the Public Health priorities for Nottingham and the surrounding area is smoking cessation. Nottingham City Hospital is now a smoke free campus and staff are offered smoking cessation support.

Patient and Public Involvement Forum

Queens Medical Centre

This document is the independent view of the QMC Patient and Public Involvement Forum and forms part of the work plan for 2005-06. There are 24 core standards in total. These are then broken down into 7 more detailed domains. We will be making a commentary on the following domains: Safety, Clinical and Cost Effectiveness, Accessible and Responsive Care:

Members have no reason to believe that the evidence provided by the Trust is not accurate on standards where comments have not been provided.

Declaration made by Carol Hodgkinson, Chair, on behalf of QMC Patient and Public Involvement in Health Forum - We confirm that this commentary is an independent, open and transparent view of the Trust performance against the Healthcare Commission core standards. Safety Domain: Core Standard C4(a) – Declaration Work Plan 2005-06 - Monitor the incidence of Healthcare Acquired Infection (HCAI). A need for training was established and following liaison between the Forum and the Trust this occurred on August 16 2005. It was provided jointly by the Infection Control Team from Queen's Medical Centre, Nottingham City Hospital and Nottingham City Primary Care Trust. Following this a formal 'review of service' visit was arranged for 7 October 2005 and again on 3 March 2006.

Evidence - Recommendations:

1. That the information and literature which patients receive prior to admission is reinforced with them on admission and this good practice continues to be reinforced at every stage of their progress through the patient pathway.
2. That signage on entry to ward areas regarding the use of gel be very visible to all, that there be visible signage on good hand hygiene in the toilets. That there be a more discriminate and consistent use of posters/publicity material.
3. Avoid leaflets being pinned out of patient view and access and review the current practice of placing the infection control leaflet on the wall at the back of their bed.

(Full report available from the Forum Support Organisation)

Clinical and Cost Effectiveness Domain: Core Standard 6 - Declaration

Work Plan 2005-6: Treatment Centre being built on the QMC site - To be involved in the design and range of facilities in this new unit and to maintain a patient focus by being members of the Patient Reference Group (PPG)

Evidence - Recommendations:

Nations Healthcare is leading on this on the QMC site on behalf of the local Primary Care Trusts. The following are examples of issues members feel that their opinions had been taken into consideration and architect plans amended accordingly:

- disabled toilets location and size
- size, type and location of seating in the public areas
- dirty utility location
- parking arrangements
- pharmacy provision
- height of balcony in first floor

(Fuller details available from the Forum Support Organisation)

Accessible and Responsive Care: Core Standard 17 - Declaration

Work Plan 2005-6: to build up effective relationships with other forums locally and the Trust.

Evidence: Recommendations - Regular meetings between the Forum Chair, Forum Support Officer (FSO) and the PPI lead at QMC. Regular meetings with the Chairs/Vice Chairs of other Forums in South Nottinghamshire. In conjunction with the FSO we organised an independent public meeting on the proposed merger of the two acute Trusts - Nottingham City Hospital and QMC. The Forum also made a submission to that consultation. All the Chairs/Vice Chairs and the FSO staff meet regularly with local county and city OSC staff. This meeting is chaired by one of the elected members from Nottingham City Council. A protocol has been designed to guide the relationship between the joint Nottingham City and Nottinghamshire Health Scrutiny Committee and the following Patient and Public Involvement Forums:

- Nottingham University Hospitals NHS Trust (NUH)
- Nottinghamshire Healthcare Trust
- East Midlands Ambulance Service

(Details available from the Forum Support Organisation)

Nottingham City Hospital

Commentary by Nottingham City Hospital (NCH) Patient and Public Involvement Forum An independent view on the performance of Nottingham City Hospital against the Healthcare Commission Core Standards Submitted for the Final Declaration For the period April 2005 – March 2006. This document is the independent view of the NCH Patient and Public Involvement Forum and forms part of the work-plan for 2005/2006. There are 24 core standards in total. These are then broken down into 7 more detailed domains. We will be making a commentary on the following domains:

- Care Environment and Amenities
- Patient Focus
- Accessible and Responsive Care
- Safety

The Forum was not expected to comment against each standard but where comments have been made evidence is provided from the Forum. Members have no reason to believe that the evidence provided by the Trust is not accurate on standards where comments have not been provided.

DECLARATION: On behalf of the NCH Trust PPI Forum, we confirm that this commentary is an independent, open and transparent view of the Trust performance against the Healthcare Commission core standards.

Jocelyn Pettitt Chair

On behalf of NCH Patient and Public Involvement in Health Forum

Domain: Care Environment and Amenities:

Declaration: Work Plan 2005/06. Formal 'Review of Service' visit to Nottingham City Hospital Breast Institute. April 1st 2005.

Evidence: The Breast Institute is very impressive, light, airy and spacious. Staff on reception are friendly and encouraging to patients. Consulting, treatment, clinical diagnosis and x-ray rooms are pleasant and spacious. Whenever possible patients are seen and treated on the same day.

Patient privacy and dignity is of the highest standard. Every patient spoken to was full of praise for the staff and the treatment they received.

(Full report available from the Forum Support Organisation)

Domain: Patient Focus

Core Standard 13a

Healthcare organisations have systems in place to ensure that:

a) staff treat patients, their relatives and carers with dignity and respect Declaration: Work Plan 2005/06. Formal 'Review of Service' visit to Nottingham City Hospital Breast Institute. April 1st 2005.

Evidence: The Breast Institute is very impressive, light, airy and spacious. Staff on reception are friendly and encouraging to patients. Consulting, treatment, clinical diagnosis and x-ray rooms are pleasant and spacious. Whenever possible patients are seen and treated on the same day. Patient privacy and dignity is of the highest standard. Every patient spoken to was full of praise for the staff and the treatment they received. (Full report available from the Forum Support Organisation)

Domain: Accessible and Responsive Care Core Standard C17.

The views of patients, their carers and others are sought and taken into account in designing, delivering and improving healthcare services

Declaration: Work Plan 2005/6. For the Forum to continue working other forums in South Nottinghamshire on health issues of public concern.

Evidence: Regular meetings between the forum chair, forum support officer (FSO), senior management and the PPI Lead at NCH. When the NCH Patient and Public Involvement lead left and was not replaced, we made a submission of concern to NCH that the post may not be adequately covered by expecting the lead at QMC to cover both sites

In conjunction with the FSO we organised an independent public meeting on the proposed merger of the two acute trusts – NCH and QMC. We received support from both trusts in publicising this event and we were extensively involved with the local print, radio, TV media to encourage the public to be involved in the debate and in letting them know how they could contribute to the merger decision. The Forum Support Officer acted as an independent scrutiniser and contact for the public on the extent of the consultation. The forum also made a submission to that consultation. Maternity: Following introductory visits and receiving explanation on the rationale for Maternity Service reconfiguration; members have carried out a 'Formal Review of Service'. The privacy and dignity of patients was seen to be good and new initiatives were discussed i.e. the use of aromatherapy in labour etc.

At the invitation of NCH the forum chair and FSO gave a presentation on our working relationship at the hospital AGM. All the chairs/vice chairs and FSO staff are invited to meet regularly with local county and city OSC staff. This meeting is chaired by one of the elected members from Nottingham City Council A protocol has been designed to guide the relationship between the joint Nottingham City and Nottinghamshire Health Scrutiny Committee and the following Patient and Public Involvement Forums:

- Nottingham University Hospitals NHS Trust (NUH)
 - Nottinghamshire Healthcare Trust:
 - East Midlands Ambulance Service
- (Details available from the Forum Support Organisation)

Domain: Safety

Patient Safety is enhanced by the use of healthcare processes, working practices and systematic activities that prevent or reduce the risk of harm to patients.

Declaration: The Forum was invited by the trust to take part in the Hospital Environment Action Team Inspections (PEAT).

Evidence: Members have taken part in three inspections and contributed to benchmarking the findings with the Clean Hospitals Programme for the NHS Performance Indicators. (Details available from Nottingham University Hospitals NHS Trust – City Hospital Campus)

Domain: Care Environment and Amenities

Core Standard 20a

Healthcare services are provided in environments which promote effective care and optimise health outcomes by being: a) a safe and secure environment which protects patients, staff, visitors, and their property, and the physical assets of the organisation.

Declaration: The Forum was invited by the trust to take part in the Hospital Environment Action Team Inspections (PEAT).

Evidence: Members have taken part in three inspections and contributed to benchmarking the findings with the Clean Hospitals Programme for the NHS Performance Indicators (Details available from Nottingham University Hospitals NHS Trust – City Hospital Campus)

Domain: Core Standard 21

Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

Declaration: The Forum was invited by the trust to take part in the Hospital Environment Action Team Inspections (PEAT).

Evidence: Members have taken part in three inspections and contributed to benchmarking the findings with the Clean Hospitals Programme for the NHS Performance Indicators (Details available from Nottingham University Hospitals NHS Trust – City Hospital Campus)

Strategic Health Authority**Queens Medical Centre**

The Trust has made progress on its Clinical Governance Development Plan (CGDP) for 2004-5 and demonstrated progress across the standards domains at the 2005 review of clinical governance by the SHA. The Trust was reviewed by the Commission for Health Improvement in 2002 and was able to demonstrate progress to the Commission for Health Improvement in 2003. The Trust has made improvements in establishing systems and processes for patient safety and has seen a year on year increase in the numbers of incidents being reported. The Trust is active in its work to prevent and control infection and is progressing the actions identified within its "Winning Ways" action plan. The CGDP for 2005-06 reflects standards for better health and highlights areas that the Trust has identified for further improvement against the core standards.

Nottingham City Hospital

The Trust has made progress on its Clinical governance development plan (CGDP) for 2004-2005 and demonstrated progress across the standards domains at the 2005 review of clinical governance. The Trust was reviewed by the Commission for Health Improvement in 2002 and was able to demonstrate progress to the Commission for health Improvement in 2003. The trust has well established systems and processes in place for clinical governance. The Trust is active in its work to prevent and control infection and is progressing the actions identified within its "Winning Ways" action plan. The CGDP for 2005-2006 reflects standards for better health and highlights areas that the trust has identified for further improvement against core standards. Progress reports have been submitted to the SHA and indicate that progress has been made in delivery of the plan.

f. Nottingham City (LINK), Minutes Hospital Discharge, Task and Finish Group

Date: 12th March 2010
 Time: 1:30pm to 4pm
 Mary Potter Centre,
 Meeting Room 8,
 Gregory Boulevard, Nottingham

Present:

Jane Overton – JO
 Catherine Jameson - CJ
 David Turner – DT
 Mavis Harrison – MH
 Tony Oliver – TO
 Pat Nicholson – PN

In attendance:

Katie Moore, NUH PPI Lead - KM
 Sue Ellis, NUH Assistant Director of Pharmacy - SE
 Laura Marano - LM

	Actions
<p>1. Welcome JO welcomed the attendees and opened the meeting.</p>	
<p>2. Apologies Apologies we received from Jenny Golding and Alicia Rowley.</p>	
<p>3. Presentation on Pharmacy Process for Discharge at NUH – Sue Ellis NUH Trust</p> <p>SE started her explanation of the discharge process in terms of medication from the beginning and by highlighting the main aims of Pharmacy in terms of preparation.</p> <p>SE stated that the Trust tries to encourage patients to bring their own medication. The discharge process begins when a patient is admitted - in the case that the patients does not have their medication with them or the medication is insufficient – NUH Pharmacy makes a supply. The Pharmacy aims to make available roughly one months' supply of all medication if not already on the ward. Some medication is pre-packed thus, the pharmacists only has to add the name of the patient and the dosage. When medication needs to be assembled, at the time of discharge, this may take more time.</p> <p>The availability of a pharmacist at the point of discharge varies and there are key difference between the City Hospital and the QMC discharge process.</p> <ol style="list-style-type: none"> 1. At the QMC: most medication is assembled on the ward. The prescription is checked by the pharmacist, and head nurse on the ward. This allows for more direct contact between the patient and pharmacist. 2. At the City: most medication is assembled in the pharmacy. This process means that there are very few opportunities for pharmacists to talk to patients directly. <p>There are key steps in the medication dispensation process:</p> <ul style="list-style-type: none"> • First check is the prescription during admission is adequate for the patient. • Then assemble any required medication during admission – at this stage the pharmacist will, when possible, speak to the patient directly about their medication. ○ If the medication is not available in on the ward – the prescription is transcribed onto a 	

dispensing order and sent to pharmacy.

- Once the medication is received on the ward, in preparation for discharge, the nurse does a final check before reaching the patient.
- When the patient is informed of their discharge and the Doctor has prescribed all relevant medication, pharmacy aims to have all medication ready the day before discharge.

NUH NHS Trust does not have the staff capacity to talk to all patients regarding their treatment. However, best practice emphasizes the benefits of have more one to one contact between the pharmacists and the patient.

The Group asked for more information on where possible delays may occur in the Discharge Process:

- SE mentioned the possibility that prescriptions are not written at the same time as when the patient is informed of their discharge.
- Occasionally the transport of a discharge patient is organized before a prescription has been provided.
- NUH has the custom that the discharge process starts at the point of admission. The pharmacist ensures the patient has the adequate medication at the point of admission right till the point of discharge. However, this works during normal working hours – when patients are admitted on weekends/out of hours a pharmacist follows up on their medication later in the week as soon as the pharmacy has the staff capacity to do so.
- Given the opportunity to speak to the patient directly this means a possible reduction in dispensing too much medication. The Hospital Pharmacies can dispense sufficient medication for 10 to 14 days.

At the moment NUH is using a system called “SCRIPT-LOG” to track all discharge information that is processed in the Pharmacy. However, this excludes all medication assembled on the ward. The SCRIPT-LOG is a monitoring tool to quantify the pharmaceutical discharge services and to identify any delays or areas for improvement.

PN asked about the use of “Blister Packs” (MDS – Monitored Dosage System) and whether they improve the use of medication or increase wastage of prescriptions.

SE discussed the impact of the use of weekly MDS packs which are favored and used widely by community pharmacists. She explained how this increase the workload of hospital staff as nurses and pharmacists are unable to identify the exact name of each medication. This also increases the likelihood of over prescribing or duplicating prescriptions.

SE added that there is a current initiative at NUH to reduce the time pharmacists spend on each ward to try and increase the number of wards visited by a pharmacist. Furthermore, unlike other strands of discharge the pharmacy procedures are prioritized according to the time the patient is being discharged and not the time the prescription is received. In general both at the QMC and the City Hospital the pharmacists work towards the target of processing prescriptions within 4hrs. However there might be variations in this target as some prescriptions are not as urgent as others – depending on the projected discharge time.

Once the medication has been assembled it is kept in the pharmacy till the porter collects and distributes all medication to the relevant ward. Once the medication is received in the ward or in the cases where the medication is assembled on the ward the medication is kept in the patients’ locker next to their bed. Any excess medication is stored in separate locker on the ward.

SE also informed the group of the current E-Discharge Project which is at very initial stages. There is a new requirement of NHS Hospitals to ensure that GPs are informed of the discharge

of their patients within 24hrs of being discharge. Thus, an electronic system for notes on the TTO (Tablets to Take Out) process is being piloted. This record of all prescriptions made for the in-patient will be more legible for the patient and will be sent electronically (instantly) to the respective GP as soon as the patient has been discharged. This project will be implemented within the next few months.

The Group asked for more information on how the pharmacy at NUH works with the NHS Treatment Centre.

SE explained that NUH have a Service Level Agreement (SLA) for the Treatment Centre which specifies that NUH has the target of processing all prescriptions within 1hour. This means the Treatment Centre is usually fully staffed by NUH pharmacists, which has a knock-on effect on the staffing levels at the QMC Pharmacy Department.

JO asked for an estimate figure of how many pharmaceutical members of staff are employed by NUH. SE stated that the Pharmacy department employs around 200 people, including the technicians.

In conclusions SE summarized that her department has data on times taken for all discharge prescription which are sent to the pharmacy for completion but, this data does not include the timings for those prescriptions assembled on the ward. The average response time is shorter than the time taken for prescriptions going to the pharmacy. Furthermore, every patient is different thus their needs are always subjective and it is necessary to use a process that is flexible and adaptable to the needs of the patient.

The group thanked SE for her informative contribution and for taking the time to come and talk to the Nottingham City LINK.

4. Discussion on possible recommendations

The group asked Katie Moore – Patient and Public Involvement Lead at NUH – for her view on what aspect of the Discharge Process LINK could make a positive contribution to. KM suggested working with the Patient Information work-stream within the Discharge Project (lead by Amanda Callow). The Discharge Project is currently looking at the Staff Information work-stream. This stage is to ensure all relevant staff are informed of the improved process for Discharge. Once this stage is complete Amanda Callow will be leading on the Patient Information strand.

KM also suggested that a possible recommendation could be regarding the information available to patients for example in the Hospital Discharge Lounge. TO emphasized the importance of hospital staff being aware of the diverse health concerns that patients might have – specifically the needs of disabled people.

The Group thanked KM for her contributions and had further discussions about possible recommendations just with members of the Task and Finish Group.

- The LINK would like to be involved in the Patient Information strand of the Discharge Project at an early stage and emphasize the invaluable contribution patients can make to ensuring NUH get it right.
- The Hospital Discharge Lounge does not need to only meet health and safety standards but should also be welcoming and include illustrative information about the Discharge Process and possible waiting times.
- Suggest a comparison in patient satisfaction between those waiting on the ward and those waiting in the Discharge Lounge. Ensure enough personal is available at all times.
- The LINK values the new “Attitudes and Behaviors” training being carried out across the

<p>whole of NUH and stresses the importance of using patient experiences to highlight the possible shortcomings of frontline staff. This is a positive step towards better communication which seems to be the biggest cause of patient concerns with the Discharge Process.</p> <ul style="list-style-type: none"> • The E-Discharge Project is a large improvement in maintained effective liaison with GPs and removes the responsibility of the patient having to inform their GP of any Hospital treatment. • It is clear that best practice encourages pharmacists to visit more in-patients. The benefits of this are twofold. Firstly, this ensures individual needs are met and personal health conditions are treated in collaboration with the patients' experience and preferences. Secondly, the chance to talk to individual patients reduces the chance of over prescribing wasting medicine. It is clear that this is determined by the staffing capacity of the hospital. However, it should be common practice not only at the QMC but also at the City Hospital. <p>Quotes of the day: "At the end of the day the patient comes first and not the paper work" – PN "What we all need to remember here is that we are not just dealing with statistics, each number is a person and we are here to ensure they receive the best possible health care." – TO</p>	
<p>5. Feedback on Social Care Project</p> <p>LM informed the group that <i>Bright Sparks</i> was progressing with the research well. <i>Bright Sparks</i> has contacted 100 different organizations following the suggestions from the LINK. However, they have had only 60 responses to the survey. Bright Sparks have been contacting Day Services to complete the remaining surveys. The final report is due to be received in week commencing 15th of March.</p>	
<p>6. Final Reports</p> <p>Group agreed to work on the final report electronically – a draft copy of both reports will be sent to JO and TO to make any relevant changes by the beginning of week commencing the 22nd of March. A final proof read will be made in hard-copy by MH and PN by the 24th of March.</p>	<p>HOST JO/TO MH/PN</p>
<p>7. Any Other Business None.</p>	
<p>Date of Next Meeting</p> <p>N/A Task and Finish group members will receive a copy of the final report and are invited to take part in the monitoring process of all recommendations made.</p> <p>ON BEHALF OF THE SUPPORT TEAM: THANK YOU ALL FOR YOUR TIME, CONTRIBUTIONS AND HARD WORK.</p>	

Minutes taken by the Nottingham City LINKs TEAM

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