



LOCAL INVOLVEMENT NETWORK

Your Stronger Local Voice

**Nottingham City Local Involvement Network 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 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 keep roughly one months’ supply of all medication. 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 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. <ul style="list-style-type: none"> ○ If the medication is not available in on the ward – the prescription is sent to pharmacy. • Once the medication is received on the ward 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. <p>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.</p> <p>The Group asked for more information on where possible delays may occur in the Discharge Process.</p> <ul style="list-style-type: none"> • SE mentioned the possibility that prescriptions are not written at the same time as when the patient is informed of their discharge. • 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 prescribing too much medication. The Hospital Pharmacies can prescribe sufficient medication for 10 to 14 days. <p>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.</p> <p>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 increase the likelihood of over prescribing or duplicating prescriptions (one from the Hospital the other from Community Pharmacists or GPs).</p>	
<p>4. 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>5. 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. A final proof read will be made in hard-copy by MH and PN.</p>	LM
<p>6. Any Other Business</p> <p>None.</p>	
<p>7. 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>	

THANK YOU ALL FOR YOUR TIME, CONTRIBUTIONS AND HARD WORK.	
---	--

Minutes taken by the Nottingham City LINKs TEAM

Address: Unit E2, Southglade Business Park, Cowlairs, Off Hucknall Road, Nottingham, NG5 9RA

Tel: 01159 754647

E-mail: links@carersfederation.co.uk