



Discharge Medication service

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Pharmacy department

Background:

- CQUIN: 1.5% of discharge summaries to be sent on PharmOutcomes.
- GHNHSFT, as of April 2022, only sent compliance aid TTOs on PharmOutcomes (~120/month)
- Delivery of discharge summaries to community pharmacies can prevent 1 in 10 re-admissions.
- The integrated care board (ICB) have agreed, with us, a target of monthly discharge summaries we need to send on PharmOutcomes.
- There is also interest in improving the quality of our discharge summary contents.

Aim:

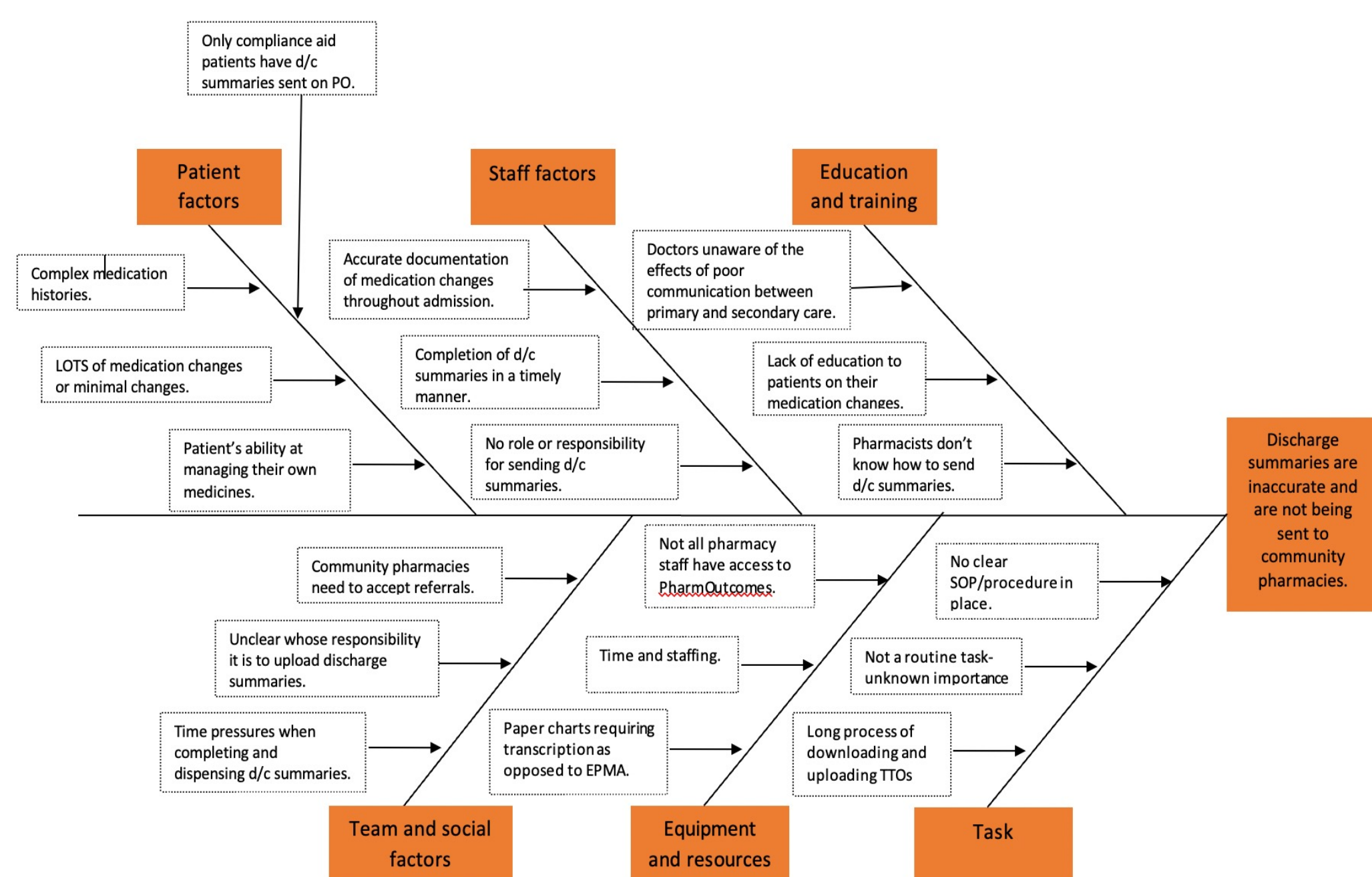
To increase the number of discharge summaries sent from GHNHSFT to community pharmacies via PharmOutcomes to 500 by Oct 2024.

The QI Team:

Stakeholders Carleigh Wright, Anna Bond, Idris Bobat (pharmacy medication safety team)

Helen Turner and Sian Williams (Project Lead at ICB), Ramila Patel/Richard Lee - Practice Pharmacy team leads (PCNs), Rebecca Myers (Community Pharmacy Lead)

Method:



Measures:

Outcome- The number of discharge summaries sent on PharmOutcomes from GHNHSFT each month.

Process- The number of discharge summaries from GHNHSFT that are accepted by community pharmacies on PharmOutcomes per month.

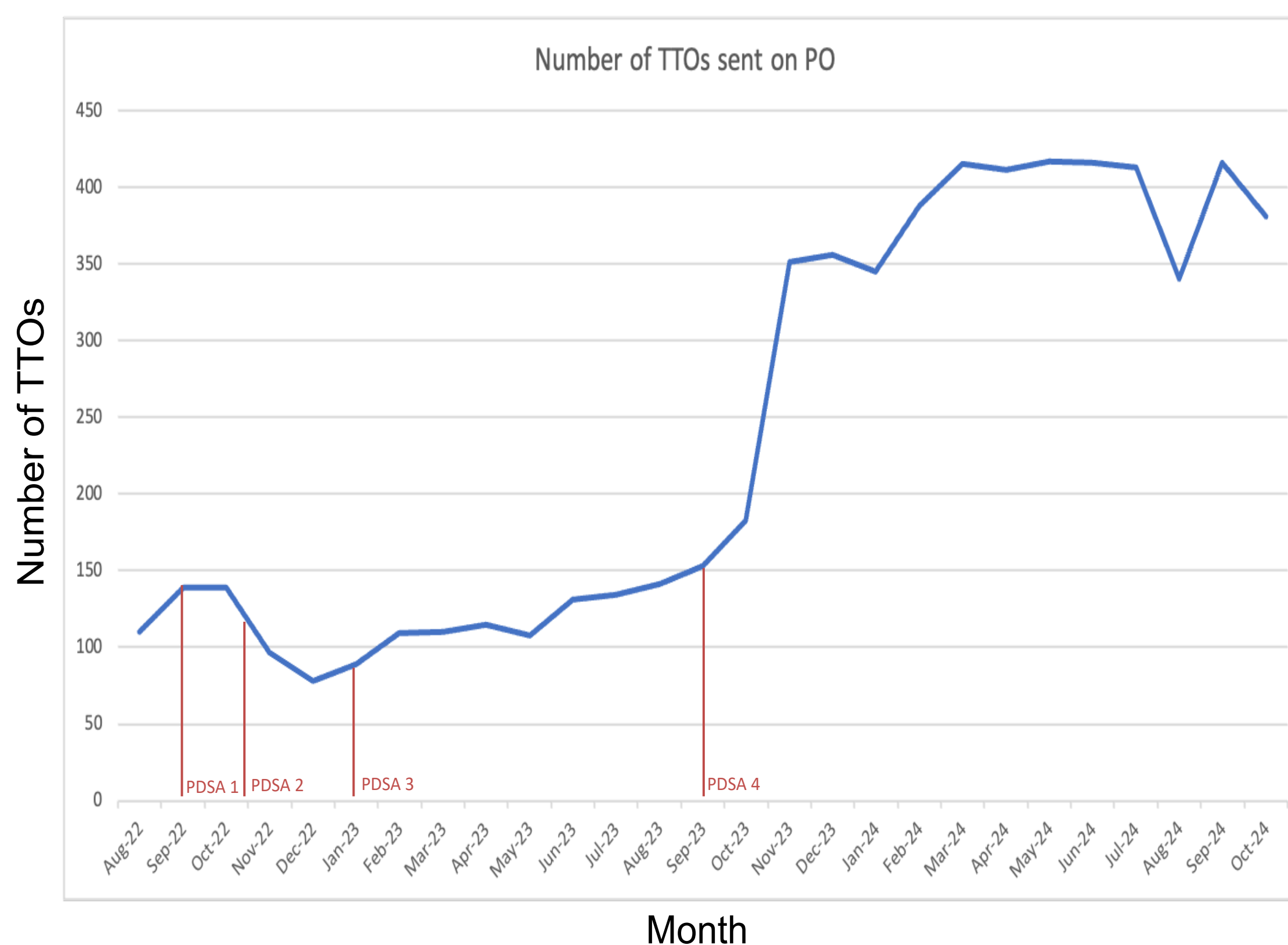
Balancing- The number of patients being discharged from GHNHSFT each month.

Results:

GHNHSFT have increased the average number of discharge summaries sent on Pharm Outcomes from 120/month in Sept 2022 to an average of 397/month over the last 6 months. The trust is now achieving the CQUIN target of >1.5%.

PDSA Cycles:

1. Focus on Frailty (FAS) sending DMS referrals for all patients on their ward, due to COTE wards contributing to the largest proportion of discharges.
2. Send DMS referrals via EPMA following launch in November 23.
3. Create an inclusion criteria for patients suitable for DMS referrals and share this with the pharmacy department in a teaching session.
4. Integrate DMS referrals into EPMA- create SOP, share with department and LAUNCH!



Conclusion:

The aim of 500 discharge summaries sent as DMS referrals on PharmOutcomes to community pharmacies has not been achieved, but we have been very close to achieving this. PDSA Cycle 4 involving the automated delivery of discharge summaries had the most significant positive impact on our results, despite EPMA having a negative impact when first installed (Nov 2022). Our inclusion criteria for sending a DMS referral has increased vastly from only compliance aid patients and this is reflected in the increase in numbers after PDSA Cycle 3.

Next steps:

The GHNHSFT team will continue to have quarterly meetings with the ICB colleagues to review the statistics. Statistics will be monitored within the trust and reminder emails to send DMS referrals are sent if statistics begin to decline. The next steps involve working with community pharmacies to improve their ability to complete the DMS referral in primary care.

References:

1. Bobat I, Discharge Medicines Service (DMS) – Gloucestershire Hospitals NHS Foundation Trust, Jul 2022.
2. Pharmaceutical Services Negotiating Committee. PSNC. Discharge Medicines Service, Available at: <https://psnc.org.uk/national-pharmacy-services/essential-services/discharge-medicines-service> (accessed April 23)
3. Nazar et al; The BMJ; New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation, Available at <https://bmjopen.bmj.com/content/6/10/e012532> (accessed 16th Apr 2023)
4. Dorset CCG NHS Discharge Medicines Service – Essential Service Toolkit for pharmacy staff in community, primary and secondary care; Jan 21.