

Board of Directors' Meeting: 12 September 2024

Agenda item	119/24		
Report Title	Patient Story – Discharge Medicine Service		
Executive Lead	Director of Nursing		
Report Author	Lead for Patient Experience and Deputy Chief Pharmacist		
CQC Domain:	Link to Strategic Goal:		Link to BAF / risk:
Safe	√	Our patients and community	BAF1, BAF2
Effective	√	Our people	
Caring	√	Our service delivery	Trust Risk Register id:
Responsive	√	Our governance	
Well Led	√	Our partners	
Consultation Communication	<p>Insight and improvements achieved through the project have been shared at:</p> <ul style="list-style-type: none"> Clinical Pharmacy Congress, London, May 2024 ICS STW Health and Care Senate, July 24 Clinical Support Services Patient Experience Group July 2024 Nursing, Midwifery, AHP & Facilities Meeting September 2024 ICS STW Clinical and Professional Cabinet, September 2024 (upcoming) 		
Executive summary:	<p>The Board's attention is drawn to listening to the concept of the introduction of the Discharge Medicine Service and the impact accessing the service had upon the patient sharing insight of his experience.</p>		
Recommendations for the Board:	<p>The Board is asked to:</p> <p>Note the creative approach introduced by the Pharmacy Teams to support patients with medicines management through transitions between primary and secondary care, providing improved patient outcomes.</p>		
Appendices:	(Video - Discharge Medicine Service)		

1.0 Introduction

- 1.1 The Discharge Medicine Service fosters partnership and collaborative working within Pharmacy Teams across the Integrated Care System. Patients who have had changes made to existing medication, are on high-risk medication, or been commenced on new medication can be referred to the service, providing a smooth transition between secondary and primary care and a continuation in support for patients.
- 1.2 Potential benefits of introducing the Discharge Medicine Service include:
- Support and advice with medications
 - Early review of side effects associated with new medications
 - Improved compliance with medications
 - Full Structured medication reviews
 - Reduced re-admission to hospital
 - Reduced avoidable harm caused by medicines

2.0 Background

- 2.1 An example of the support offered by the Discharge Medicine Service outlines how a patient was supported in reducing the number of analgesics and opioids they were taking, thereby reducing medication prescribed to manage side effects.
- 2.2 The patient sharing their experience lives with Ehlers-Danlos syndrome, a genetic condition resulting in joint hypermobility and unstable joints that dislocate easily. On admission into hospital for a second knee revision the number of analgesics being taken to manage pain control was identified by the Pharmacy Team, prompting a referral through the Discharge Medicine Service and also for a structured medication review with his PCN Pharmacist.
- 2.3 The patient sharing their experience highlights that through having a greater understanding, and trust in the team supporting him, he achieved improved outcomes and quality of life.

3.0 Actions

- 3.1 Following the Discharge Medicine Service being introduced, the following achievements have been delivered:
- At SaTH - referrals to the service have increased from approximately 30 to over 500 each month.
 - Performance for 2023/2024 for SaTH is as follows:

	Number of Referrals	Number of referrals completed	Completion rate	Estimated Health economy savings*
SaTH	3740	3357	89.8%	£5,427,330.00

**The modelled savings listed above are derived from the expected reduction in admissions and bed days from completed Discharge Medicine Service referrals as highlighted in the Newcastle study. These savings are then offset against costs in staff time and infrastructure required to refer these patients to community pharmacy.*

- Paediatric Discharge Medicine Service Referrals have been introduced to support patients and parents/carers/guardians with the medicines.

3.2 Further actions to be taken include:

- Further Patient Experience Data to be captured of the service across the ICS. The Overprescribing and Discharge Medicines Service Oversight Group are working on a data collection tool to support this.
- Reviewing, and if appropriate, increasing cohorts of patients targeted for Discharge Medicine Service referrals.
- Supporting community pharmacy with the completion of more Discharge Medicine Service referrals.
- Utilising Discharge Medicine Service referrals to support other system priorities such as addressing high dose opioid prescribing.
- Utilising Discharge Medicine Service methodology to refer patients to PCNs for Structured Medication Reviews – this is underway, but data collection needs to be improved.
- Working to support our rural and cross border patients to access the benefits of Discharge Medicine Service – now live in Wales – but data collection needs to be improved.
- Presenting our integrated approach to the Discharge Medicine Service at Chief Pharmaceutical Officers National Webinar to showcase best practice.

Ruth Smith, Lead for Patient Experience,
Hayley Pearson, Deputy Chief Pharmacist, August 2024