



South West London
Academic, Health and Social Care
System

Case Studies- Series 2

Joining Up Hospital and Community Pharmacist Support

An SWLS small grant funded St George's University Hospitals NHS Foundation Trust to pilot a service for discharged patients with high medicine needs, ensuring continuity of care between hospital and community pharmacies. Since 5% of all hospital admissions are due to preventable, medicine-related problems it is hoped lessons learnt over this eight month pilot might inform and inspire more effective, integrated care solutions for this issue in the future.

Identifying Opportunities for Further Integration

In 2011, in order to support patient medicine management, the Community Pharmacy Contractual Framework launched the New Medicines Service (NMS) and the Medicines Use Reviews (MUR) services; with overwhelmingly positive results. However, in recent years pharmacists at St George's University Hospitals NHS Foundation Trust recognised that hospital patients were being discharged with increasingly difficult to manage medicine regimes. They realised that a more joined-up approach may be of benefit.

"We thought that if our patients with high medicine needs, such as polypharmacy, high risk medication, or compliance issues, can be



directly referred to their local pharmacies' NMS or MUR services on discharge, then we can ensure vital, continued support from medicine experts."

Neha Shah, Senior Pharmacist, St George's University Hospitals NHS Foundation Trust

Project co-leads John Nesnas, Neha Shah, Wendy Pullinger and Ciaran Weir successfully applied for funding from SWLS to conduct an eight month pilot based at St George's, covering the borough of Wandsworth. As well as financial support, SWLS's small grant also raised awareness of the project in local pharmacies; precisely where the team now needed to develop close working relationships. Fortunately most pharmacists welcomed the opportunity to be more informed and involved in patient care.

'Making best practice accepted practice'

Ensuring Continued Care in Community Setting

The project saw 42 eligible hospital patients with high medicine needs referred to an in-house Medicines Information (MI) team. The team then referred that patient on to their local community pharmacy; making sure the pharmacist was aware of the patient's medicine regime and any other needs.

Two weeks after discharge the small MI team then followed up on the patient's progress. They contacted the community pharmacy to make sure the appropriate service had been carried out, and also called the patient to see if they had any problems with the medication or engaging with the community pharmacist.

"So it's not that a patient is given medicines and then just sent home to get on with it. Primary care gets involved at point of discharge. The community pharmacist was informed what medicine the patient is on, so they can explain any side effects and put the patient at ease. Basically it's just primary and secondary care working together."
Neha Shah

The anticipated potential benefits of this joined-up transition between secondary and primary care might include:

- Continued, informed support from local medicines experts

- Better patient understanding of management of their medicine
- Putting patients at ease and aiding their understanding
- Identification of any problems patients may have with medicines
- Structured feedback to the patient's GP where necessary and appropriate
- Pharmacists can reiterate instructions for medicine outside of stressful hospital setting
- Reduced wastage of medicines as patients will be more compliant with their medicines

Most of these were demonstrated during the pilot.

Lessons Learnt

The project ended its eight month run in March 2015 and the team believes it has made a good case for wider commissioning of this type of service. They have presented at several local practice forums and submitted an abstract to the Royal Pharmaceutical Society's Annual Conference.

They are also keen to share a number of learning points from their experiences. For instance one area for future development would be an automated electronic solution for hospitals and pharmacists to communicate and co-ordinate patient support:

"Ideally this could be a secure system where the patient's relevant community pharmacy or local CCG pharmacist would have access to the patient records at point of discharge, so a patient event could be flagged up

automatically for pharmacists to carry care forward." **Neha Shah**

However the number one obstacle proved to be sourcing a sizeable cohort of patients. Even though St George's is a large hospital, many patients on high risk medicine were tertiary referrals who lived outside Wandsworth; making them ineligible for the service.

"We did find our options were quite limited. So I would recommend any future funding for this project should be widened out to a larger geographical area." **Neha Shah**

SWLS Support

Right from the start of the project Neha Shah and the team were able to benefit from SWLS's experience and learning. To keep on track they would regularly meet with the SWLS Small Grant team for feedback, and were also invited to share their work at the SWLS Presentations Event earlier this year.

"We're extremely grateful to SWLS for the opportunity to put ideas into place and show innovation. They've given us a lot of support and helped us overcome a lot of challenges."
Neha Shah

Small Grants, Lasting Impact

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