

Healthwatch Cheshire West Enter and View Report	
Enter and View Visit to	Pharmacy Countess of Chester NHS Foundation Trust Liverpool Road Chester CH1 1UL
Date	5 <sup>th</sup> March 2015 from 9.30 am to 1.00 pm
Authorised Representatives	Chris Banfi and Andrew Firman
Service Provider Staff	This visit was facilitated by Rebecca Lewis-Dalton and her team all of whom were very helpful and open to questions and discussion.
Background	This is a large, busy department, located over two sites. It deals with the sourcing, ordering and producing of medicines, as well as the preparing of medicines to be distributed to patients. Members of the department deal with problems that most users of the service are not even aware, such as the acute shortage of some medicines. This particular visit had been planned in terms of date and time with the department and follows up a recent Enter and View Visit by the same Representatives who are currently involved in a study of the whole discharge process at the hospital.
Overall Impression including any ideas or suggestions for improving service?	<ul style="list-style-type: none"> <li>• If technicians were trained up to take more responsibility on the ward, this would free up the pharmacists to work more fully with the doctors. When labelling of medicines was done on the wards, time was saved in the pharmacy: some routine packs of medicines need not come down to pharmacy at all.</li> <li>• Obviously it is to everyone's benefit to try and prescribe in the morning: better planning can be used in the pharmacy department and discharge times would be improved. The pharmacy manager said she welcomes any visits from other departments. If these visits could be included in the induction of new medical staff, there would be better understanding between departments.</li> <li>• It would be helpful to include the pharmacy department in any information loop pertaining to the opening and closing of wards.</li> <li>• Storage space for medicines has been reduced because of shared use of storage area. This impacts on the size and frequency of orders, and therefore on cost.</li> </ul>

### Observations and comments on service

There is a wide range of skill sets amongst staff in this department: including administration, scientific and medical. There is potential for some to extend their expertise in a particular area and to become an integral member of the ward team. Where this is in evidence, there is a real sense of team work and a positive element between departments.

Technicians are encouraged to take exams to extend their skill set. There is an atmosphere of team work within the department (observed). Staff most fulfilled when they feel their expertise is being utilized. However, they are also happy to maintain their skills checking prescriptions. Staff told us that they felt well supported by the hospital to increase their knowledge through courses.

The hospital depends on the goodwill of members of the department working longer hours than contracted to complete the numbers of prescriptions that often spike at the end of the working day. This extra time can be extended by the requirement of any blister packs which take a long time to complete.

Communication is a crucial tool which helps in the smooth running of the hospital. We have been told that sometimes the pharmacy department will only hear of a closed ward reopening through hearsay. This is a poor use of resources: a ward reopening has a huge impact on the running of the pharmacy. It can also reduce morale within a department which relies on the goodwill of its staff.

### Specific Issues relating to discharge

1. There are high numbers of cases when medicines are not moved with the patient. Some patients can move three or four times during a stay in hospital. There should be a tick list to ensure that medicines are moved along with personal items but this is not being adhered to. This leads to waste and medicines having to be re ordered. Can there be a specific person responsible for this? Can there be a bag permanently on all trolleys and wheelchairs to accommodate only medicines? There must be a relatively easy way to avoid such waste of time and resources.
2. There is huge confusion over the fate of medicines that have been brought in by the patient. These can end up in a number of places. The scenario that leads to a delay of discharge is that they have to be rechecked by pharmacy staff, alongside those items prescribed in hospital. There seems to be no set routine to deal with this. One can understand that ward staff are very busy and that shift changes can mean staff are not always familiar with all patients. However, if a set routine was in place the hospital, and therefore, its patients, would benefit hugely.
3. On the ward, if doctors could write their prescriptions during the ward rounds, a huge amount of time could be saved. Best practice happens when there is a pharmacist who is part of the ward round team. Time can also be saved if there is a technician on each ward. Although this costs more in staff, it also saves money in the long run. It would also improve the outcome for patients: pharmacists and technicians bring a particular skill and mind set which is hugely important when dealing with the patient holistically.
4. Although computers are used on the wards, paper scripts are then printed off and taken to the pharmacist. Is there a way this system could be improved to make more use of technology?
5. Patients are not always aware that at certain times of day, and sometimes for practical reasons such as the creation of a blister pack of tablets, that their discharge could take longer than usual. If this was communicated to them at the start of the process, then there would be fewer complaints and fewer wasted journeys by transport - either their own or that arranged by the hospital. Again, morning prescribing would improve this situation enormously.

### Additional Comments

Communication seems to be the main point here. Improvement in communication between departments is key. If we are looking at the patient's journey, we have to consider discharge as the main objective - and to make that discharge as smooth and efficient as possible.

Representatives feel that this is only possible if the three main elements - the ward, pharmacy and discharge teams - are working together. At the moment, the indication from observations and conversations, that Representatives are getting is that each team feels they are working in isolation, and sometimes are even being hindered by the others.

**Each team works extremely hard and is passionate about what they do.**

**This passion should be encouraged not undermined.**

One possible help would be that each department understands better the problems of the others. Could there be a think tank of members of each team who could discuss these problems and take their findings back to their departments? This could include fact finding visits to each other's departments so that they could see at first hand the problems that occur.

It seemed to Representatives that better communication would help co-operation between ward, pharmacy and discharge colleagues. This together with a more co-ordinated approach to teamwork between departments would bring benefits for all and result in a smoother, timelier discharge process for more patients.

**We look forward to the opportunity of meeting the integrated discharge team and finding out more about how more complex discharges are managed.**

### Feedback from Provider of Service

*The report makes some very astute observations about the pharmacy service, particularly that there is a lack of understanding of the complexities of its operation.*

*The points about capacity in the morning, storage on wards and keeping pharmacy in the loop around wards opening and closing are also well made as is the point about goodwill being integral to the ability of the pharmacy to deliver the service. Again, the observations around medicines being lost and not being moved with the patient are no surprise and the idea of doctors writing TTOs during the ward round is the game-changer we need to improve patients discharge experience.*

*We have a number of work streams to try and enable this change.*

*We agree it would be helpful if we could order TTOs purely electronically, but because of the complexities of the process, this is currently not practical but it is something we are actively looking at.*

*Finally, the point about teamwork across the departments is also well made - this also has a lot of potential to improve the patient experience.*

*Dr. Chris Greene Medicines Management Team Leader, Director of Pharmacy 08/04/15*