Enter & View
Queen's Hospital: Pharmacy

1 October 2015

One of a series of connected
Enter & View visits to Queen's Hospital in 2015

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
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What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both from professional health and social care backgrounds and people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

'You make a living by what you get,
but you make a life by what you give.'
Winston Churchill

What is an Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Background and purpose of the visit:

Healthwatch Havering (HH) is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the safety of the resident is not compromised in any way.

This particular Enter & View visit was undertaken as part of a series of visits to out-patient, discharged in-patient and visitors' facilities at Queen's Hospital to enable Healthwatch Havering volunteers to view how patients and visitors were dealt with.

In July 2015, Healthwatch Havering conducted an Enter & View visit to the Discharge Lounge to see what issues were associated with discharging patients in a timely fashion, following a number of similar visits to care homes in the area at which certain comments regularly recurred, including:

- Care home staff had complained that their residents were often discharged from Queens Hospital after 6pm and in some cases as late as 11pm, leaving residents disorientated, confused and upset when they arrived at the home.
- Care home staff also complained that care home residents were often discharged with very limited information covering medication and clinical diagnoses. It was not always clear if new medication replaced their original medication or supplemented it.
- Notes on medication might not arrive at the GP's surgery to prevent old medication to be prescribed on repeat prescriptions even when the new medication was prescribed in place of the old medication.
- There were suggestions that some patients had been discharged too soon, before test and biopsy results had been received on the ward.
- Waiting times for ambulance transport or to receive TTAs appeared to be lengthy in some cases.

In order better to understand the issues surrounding discharge from hospital, it was important to understand how the Pharmacy operated and what issues it faced. Some of the delays in discharge had been blamed on the time taken to receive medications for patients to take away with them, known as "TTAs". There appeared also to be a problem in that the Discharge Lounge was not able to use the Electronic Discharge System (EDS) and had to use a three-colour paper system showing hand written Doctors' notes which had to be posted rather than emailed to GPs and Care Homes.

The visit

The Healthwatch team were met by the Dispensary Manager (technician-lead) and the Chief Clinical Technician and taken to the Pharmacy, on the ground floor of the hospital, off of the main Reception area. There is a team of eight technicians and support workers. The team also had opportunity to talk to the Deputy Chief Pharmacist.

In answer to enquiry, the team were told that 23 pharmacists were on duty on the day of the visit although the number on duty at any particular time varied over the course of a week. Not all the pharmacists can cover all areas. There are six Divisions (previously referred to as Directorates) and a lead pharmacist is being established as a link with each division:

- Surgery
- Acute Medicine
- Specialist
- Anaesthetics
- Women and children
- Cancer & clinical support

These divisional links have a small number of junior pharmacists and trainees who help to cover wards also rotate around dispensary, medicines information and production. In a limited number of areas, Pharmacy technicians are who have been appropriately trained are now helping to support the take home medication (TTA) preparation by transcribing the take home drug prescriptions ready for doctors to sign and pharmacists to check the prescriptions for clinical appropriateness. Pharmacy technicians understand drug names and terminology. This seems to be a good process and is helping to prepare the discharge prescriptions earlier in the day. This forms the basis of the drugs listed on the discharge letter given to the patient and which is emailed to the GP and, when relevant, care homes.

Asked whether they felt they had enough staff for the level of work presenting, they replied that, in general, they did for the areas being covered. However, expansion to other areas requires more resource. On occasion, also, there Is a struggle as at present as a few staff were absent on maternity leave and it was not possible to get pharmacy cover for maternity leave. Similarly, when staff were off sick they were unable to get staff in to cover; unlike HSAs, nurses and doctors, the Pharmacy does not have a bank system.

Overall, there are 30 technician and pharmacy support worker staff supervised by a Pharmacist. Technicians qualify with NVQ level 3 and 10 are at band level 4, 10 level 5 and 2 level 6 technicians. There is also a pharmacy assistant with NVQ level 2, and 2 pre-registration students technicians.

Pharmacy opening times for the outpatients' area are 9am to 5pm Monday to Friday. Some pharmacists are on duty for supervising the dispensing service including TTAs dispensing for discharging patients and ward admissions and this service runs until 6.30pm each day during the week. Over the weekend, the pharmacy is open from 9am to 12 noon for inpatient and outpatient dispensing services and after that from 12noon-4pm is focused on the inpatient ward services to support the patient care onwards. On Bank Holidays, including Christmas Day, the pharmacy dispensary is open from 9am to 11am for inpatients and outpatients and inpatient service continues after that. Pharmacists can be contacted by the Discharge Lounge directly after the outpatient pharmacy is closed. On the wards, the pharmacy team can be contacted via the site manager for discharge of patients.

A dedicated pharmacist had been assigned to the maternity ward for a year or so but recently that pharmacist had been on sick leave. Enquiring whether the loss of this dedicated pharmacist had led to any deterioration in

the service, a number of elements of the service could not be delivered. However, because pharmacy prepares standard discharge packs for the postnatal wards, the discharge side has been minimally affected because of the use of discharge packs for most discharges in this area. Only a few discharges required more complicated TTAs, so few discharge delays were due to waiting for medication.

When the Healthwatch team had conducted the Enter & View visit to the Discharge Lounge in July, the electronic discharge system (EDS) was out of service for that unit; discharge letters were hand written in triplicate using a three-colour-paper system and had to be posted to GPs. The Healthwatch team had been concerned about this and had recommended that the EDS be reinstated urgently. The team conducting this visit were informed by the Pharmacy team that the EDS system was now up and running again in the Discharge Lounge and that letters were being emailed to GPs and Care Homes rather than sent by post. There were still some wards using the paper system rather than the EDS for discharge letters – day surgery and maternity - but would shortly be transferred to EDS.

The internal aim of the pharmacy is to dispense 90% of TTAs in less than 2.5 hours. In August and September, however, only 84% of TTAs were dispensed in less than 2.5 hours, largely due to holiday leave, but it was hoped that the internal target of 90% would be achieved for October.

The work in the pharmacy is prioritised using a colour-coded tray system. A red tray denotes urgent scripts and includes Discharge Lounge work and urgent in-patient medication scripts. A yellow tray identifies morning work. A green tray is the other work such as afternoon work. A blue tray contains work from 4.30pm through to the evening. The Discharge Lounge is the only ward that is allowed to contact the pharmacy by telephone up to 6.30pm; although the pharmacy closes to the public at 5.00pm, staff still work up to

6.30pm. All work that comes into the pharmacy is cleared the same day so that patients do not miss their medicines doses.

The team noted that there were 11 patients on the list for the Discharge Lounge for the day of the visit. About a quarter of the names were added to the list after 3pm. They were told that, on one particularly busy day, more than a third of the names were added after 3pm and patients were being added to the list up to 5pm.

The average turnaround time for TTAs for the Discharge Lounge is one hour; the Discharge Lounge is a priority for the pharmacy as they are aware that in most cases patients are also waiting for ambulances to take them back home or to a care home.

At the beginning of the day, there is a quieter period in the pharmacy. Prescriptions from outpatients start to build up from 10am and remain busy throughout the day; from the wards, TTAs and other medicine requirements start to arrive from around 10.15am and then carry on throughout the day. At present, the peak time for the pharmacy receiving TTAs from wards is between 12noon and 1pm but the pharmacy is aiming to broaden the peak time to be between 9am and 2pm.

Medicines on drug charts are clinically checked by the pharmacist on the wards and against blood test results. Where technician transcribing scheme is in place, 48 hours before a patient is discharged a technician transcribes the drugs on to the discharge letter ready for doctors to add in any further information. Doctors sign off the discharge TTA - and the pharmacist then check the TTA and make any necessary corrections before the medicines are dispensed. The ward-based pharmacist team visit the wards in the morning and there is a pharmacy discharge focused team that go to the wards between 1pm to 4pm. On this team usually the pharmacist does not get

much notice about the discharge. Pharmacists are told about 25% of the patients are being discharged between 4-5 pm.

The pharmacy has been piloting a new system on one ward for the last two weeks and intend continuing the pilot trial for another 8 weeks. Instead of the pharmacists waiting for doctors to sign off the TTA before the pharmacists check the TTA prescription and authorise it for dispensing, the pharmacists do the drug reconciliation and based on their knowledge about the patient get the medicines that will be required on discharge ready in advance of the TTA discharge prescription being written. When the discharge prescription is written by the doctor there is a check that all is correct - before the patient is allowed to be discharged. This means that there are only 9 steps in the process of providing the TTA and discharge letter instead of the 15 steps in the present system. So far, the pilot is being conducted on Clementine A ward which is a gastro disease ward.

Asked if the pilot is being supported by doctors on this ward, the team were told that, in general, it is but a few doctors are not on board with it yet because the ward has patients from another specialty at times, doctors for which have not been fully briefed. Pharmacy staff hope to get all doctors on the ward fully aware of the new system. At present, medicines that were sent in with patients on admission are given back when they leave hospital by the nurses who clear their personal effects from locker or these medicines are used for that named patient on the ward if they are suitable. In the pilot system, the pharmacist does the reconciliation of patients' drugs and also deals with the drugs to be dispensed on the TTA; The patient will therefore have one collated supply of medicines and this reduces the confusion regarding newly prescribed drugs and the drugs that were sent in with the patients. If this is not done there are sometimes issues where patients take the medicines supply given by the hospital and also take the medicines supplied via their GP and may end up taking a duplicate medicine.

The team asked whether the pharmacy team had considered improving their communication to the outpatients who were waiting for their prescriptions. The perception was that 40 minutes or more was a long time to wait and that patients were often unaware that the 40 minutes was a guide to the time it would take to dispense their medication and patients are often waiting for medication that they should get via their normal prescriptions from the GP. Patients are also often not aware that once they get a number from the pharmacy, going off to have a drink, etc., and coming back after their number is called does not mean that they have missed their "slot" and, in fact, all they need to do is ask at the pharmacy receptionist for the medication. It was suggested that a system which gave the patient the reassurance that their script was being processed would help with improving patient experience and take away some of the annoyance of having to wait.

The pharmacy team said that they would be rolling out an electronic tracker system, which initially would be available for all wards to track where their patients' TTAs were in the system, identifying the stages they were going through so that the wards could be more informative to patients awaiting discharge. Later this tracker system would be rolled out to the Outpatient pharmacy area so that patients would be able to track their prescription dispensing progress using patient-friendly terminology and providing reassurance that their script was being processed. The team felt this was an excellent development and would help to manage expectations.

The team asked the pharmacy team whether they had any concerns. One concern was that, although they felt that the new pilot system that was being piloted would be rolled out to all wards eventually and that the management at Queens were behind the scheme, the success of the pilot would revolve around getting the message across to doctors and nurses quickly about these changes. Ways were needed to improve the communication of the new approach.

The pharmacy team had concerns that, although TTAs and discharge letters were being improved for patients being discharged, GPs and Care Homes might not be aware of the drug changes and would carry on prescribing or dispensing drugs that were no longer appropriate. They felt that more should be done to inform community pharmacists and bring them into the picture regarding the drug regime changes. They suggested that this could be approached by asking patients who their community pharmacist was and for the hospital pharmacy to contact that pharmacy with the changes in drugs being prescribed on the TTA, so that repeat prescription details could be amended, rather than waiting for the GP to tell the community pharmacists - or not, as may happen in some cases, risking confusion and error at later dates.

The pharmacy team said they were expecting to attend multidisciplinary teams at the hospital to discuss how communications between the hospital and primary care providers and community pharmacists could be improved, particularly for patients on multiple drugs or with multiple conditions.

The pharmacy team already contacts community pharmacists regarding changes to prescriptions for patients with compliance aids e.g. dosette boxes in order to let them know that patients have been discharged and what the medication changes are.

The pharmacy team also mentioned that the GP Liaison Manager was conducting an initiative to enquire about what happens to discharge letters and how GP records are amended to take into account changes in medication once patients have been discharged from hospital and how often this information is shared with the patient's community pharmacists.

Conclusions

The Healthwatch team wish to thank the pharmacy staff for their time and help in conducting the E&V visit.

The team were pleased to hear of the pilot initiative regarding pharmacists starting the dispensing for discharge process earlier, and streamlining the TTA and discharge letter process with the doctor still checking and signing off the TTA and the pharmacist not having to wait for the doctor to sign off the TTA at the start of the process dispensing process.

The team welcomed the reintroduction of the EDS system to the Discharge Lounge and its forthcoming extension to maternity and Day surgery ward, and also welcomed the introduction of a tracking system for TTAs being dispensed by the pharmacy for use by all wards in the near future, rolling out a modified system for use when outpatients are waiting for outpatient prescriptions and for clearer information given to outpatients waiting for their prescription medicines (so that they could go for a coffee or something to eat without worrying that they might miss their turn).

The Healthwatch team still had concerns regarding the delay in TTA information being updated at GPs' surgeries and the lack of community pharmacists being informed of changes to medication regimes to prevent incorrect repeat prescriptions and wastage of drugs dispensed. However, they welcomed initiatives between BHRUT and GP and Community pharmacists in the future.

Disclaimer

This report relates to the visit on 1 October 2015 and is representative only of those residents, carers and staff who participated. It does not seek to be representative of all service users and/or staff.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**; or email
enquiries@healthwatchhavering.co.uk

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