Do we need to reappraise our discharge medicines policies and approaches?

After a hospital stay patients are keen to leave as soon as possible, and waiting for medication is a common reason cited for delay in this. As hospital inpatient lengths of stays have fallen and throughput has risen pressure has increased on the process of discharging patients. Raliat Onatade and Reena Mehta (p11) discuss how they have used quality assessment to improve patients' discharge experiences.

There are many reasons for delayed discharge caused by medicine supply — including the discharge medicine prescription not being written on time. Whatever the causes, however, the responsibility for improving this aspect of the discharge process often remains with pharmacy. The *NHS Plan* in 2000[1] and Audit Commission report '*A spoonful of sugar*'[2] have made recommendations for solutions including the use of patients own

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medicines and dispensing for discharge (one-stop dispensing). One-stop dispensing has an additional advantage of allowing self-medication programmes by labelling the packs for patient use.

Neither of these recommendations has provided ideal solutions, however, and problems remain. The use of patients' own medicines is dependent on patients (or relatives) bringing their medicines into hospital with them. One-stop dispensing can lead to a large amount of waste if there are medicine changes during the hospital stay and when medicines become separated from the patient (for instance if they move wards).[3]

An alternative approach would be for hospital pharmacies not to dispense any medicines for inpatients being discharged back to the community. Schemes already exist for home suppliers to dispense (and deliver) medicines to hospital outpatients such as renal patients or those requiring home nutrition. Sheena Castelino and colleagues (p35) discuss how they set up and audited a home delivery service for patients with HIV. A high satisfaction rating was found when patients were asked questions about information, convenience, communication and deliveries. The service was not without problems, which included some concerns about confidentiality and increasing the complexity of work within the HIV Pharmacy.

If such as system was to be introduced for inpatients there would be advantages of a speedy discharge and financial savings from zero VAT rating on dispensed medicines, but these might not be sufficient to counteract the disadvantages of patients potentially going without medicine in the short term and, more importantly, not receiving counselling about their medicines at the time of discharge. Although the UK National Patient Safety Agency have advocated that dispensed medicines should be checked with patients and they should be educated about their medicines[4] and The National Institute for Health and Clinical Excellence guidelines on concordance and adherence recommends that patients preparing for discharge from hospital should be offered a full explanation of their medication[5] it is doubtful how effectively this actually occurs in the hospital situation.[6] If patients are offered counselling about their medicines it is not known whether many are cognisant enough, in the busy and confusing environment of a hospital ward, to understand what is being explained to them. Ideally it may be better to see patients once at home to explain their medicines. Allowing discharge medicines to be prescribed on FP10s could be offered as an option for more able patients with simple medicine changes where urgent supplies are not important. The priority for patients who

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have had more complex medicine changes as an inpatient should be not only having the medicines ready as soon as possible but also to ensure they fully understand the changes and are able to take the new treatments.

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