

Working with hospital colleagues to  
support patients discharged from hospital

Guidance for community pharmacists

January 2012



Endorsed by the Royal Pharmaceutical Society

The following documents have been produced to aid engagement between hospital and community pharmacists; to help to raise awareness among secondary care colleagues of the benefits of engaging with community pharmacy and to provide additional information for patients. The documents include:

- a referral form for hospitals and mental health trusts to use to refer patients to their community pharmacy for the New Medicine Service (NMS) or post-discharge Medicines Use Review (MUR). This form can be given to the patient to take to the pharmacy on their next visit or, with the patient's consent, can be sent directly from the hospital to the community pharmacy (e.g. via secure email or fax)
- a leaflet for patients about community pharmacy services including the NMS and MURs that can be given to them when they are discharged. Hospitals can add their logo and amend the text for local use
- a guidance document for hospital and mental health pharmacists, pharmacy technicians, hospital nurses, doctors and NHS managers working in secondary care. The document outlines what the NMS and MURs are and highlights issues of particular importance to hospital colleagues, such as links to the Quality, Innovation, Productivity and Prevention (QIPP) challenge and transfer of care issues.

All of the above documents are available on the [NHS Employers](#) or the [PSNC](#) websites.

The referral form includes a tick box that allows the healthcare professional referring the patient to the community pharmacy to request information about the outcome of the NMS or MUR. The published [patient consent wording](#) does not include a provision to share this information with hospital colleagues, so before sharing feedback with the hospital, the community pharmacist should gain verbal consent from the patient and keep a record of this.

## Keeping patients safe when they transfer between care providers

It is widely accepted that when patients move between care providers the risk of miscommunication and unintended changes to medications is a significant problem. It has been reported that between 30 and 70 per cent of patients have either an error or an unintentional change to their medicines when their care is transferred<sup>1</sup>.

Getting the transfer of medicines information right can be challenging as patients follow complex pathways and systems vary between providers. However, greater collaboration between professionals can make a difference to patient safety. The Royal Pharmaceutical Society (RPS) has worked with other Royal Colleges to develop guidance about keeping patients safe when they transfer between care providers. This includes a number of good practice principles for all healthcare professionals involved in the sending and receiving of information about medicines, as well as a number of practical suggestions that providers, commissioners and professionals may wish to implement to support the safe transfer of information. The guidance can be found on the [RPS website](#).

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<sup>1</sup> National Patient Safety Agency and National Institute for Health and Clinical Excellence. (2007): *Technical patient safety solutions for medicines reconciliation on admission of adults to hospital*.

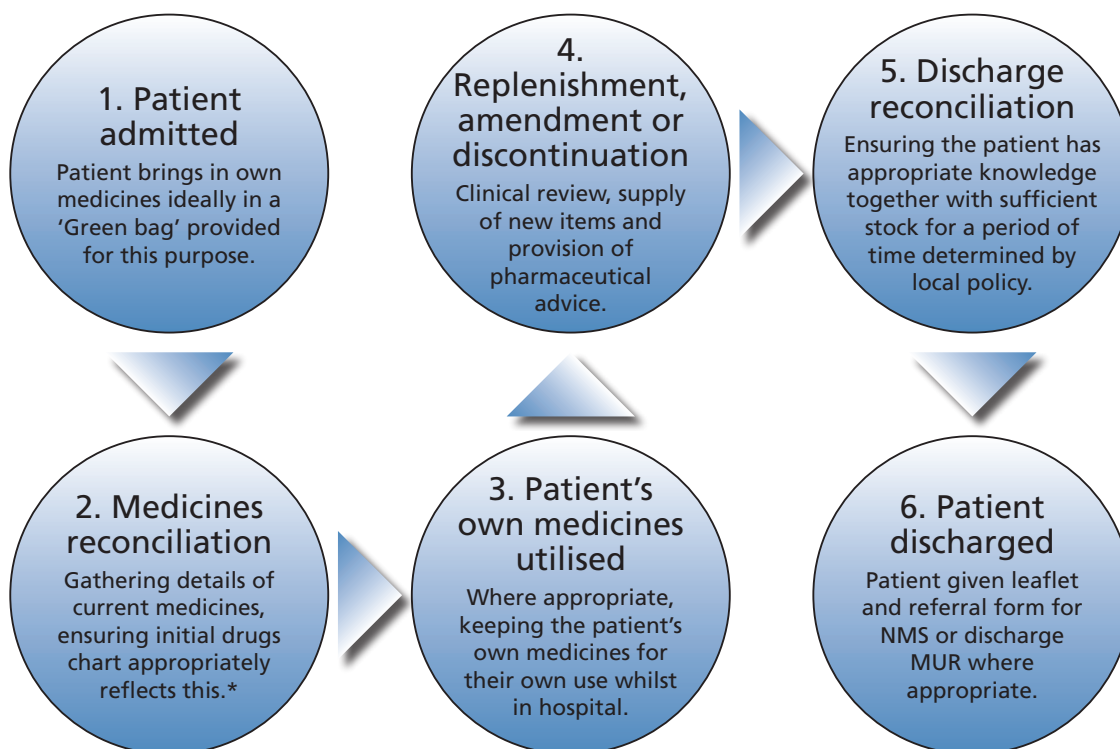
The NMS and targeted MURs will support the transfer of care for patients discharged from hospital. The referral form captures the RPS' recommended core content of records for medicines when patients transfer care providers. Community pharmacists are well placed to provide targeted support to patients in the post discharge period and ensure that patients understand:

- the medicines they have been prescribed
- why they should be taking their medicines
- how to take their medicines correctly.

### What you should do next

- contact your local pharmaceutical committee or the RPS local practice forum to discuss how to work with hospital pharmacists in your locality, or contact your local hospital pharmacy directly
- consider what feedback the hospital referrer would find useful. You must remember to seek a patient's consent to share their information with the hospital if it is patient specific
- read the Royal Pharmaceutical Society's guidance on the [transfer of care](#).

### Medicines journey in hospital: six stages



\*for planned admissions a medicines history or review may take place in a pre-admission setting.

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