

E-systems for transfer of care

Implementing electronic systems for prescribing and transfer of care were among issues discussed at this year's joint UK Clinical Pharmacy Association and Guild of Healthcare Pharmacists IT Interest Group seminar. Shona Kirk reports.

The number of discharge letters that were reviewed and the time taken for this to be carried out decreased from 5.7% in 37 days to an average of 70% in nine days, since the introduction of electronic transfer of care (e-toc) at the Princess of Wales Hospital, Bridgend.

Speaking at the annual joint UK Clinical Pharmacy Association and Guild of Healthcare Pharmacists IT Interest Group seminar, Rowena Lewis, a clinical pharmacist at the hospital, described how the e-toc system was introduced to improve communication between primary and secondary care at discharge, to increase patient safety and decrease clinical risk.

The system produces a discharge summary that encompasses clinical information as well as a list of medication. "Our previous paper system needed radical improvement to ensure patients move safely from secondary to primary care," she said. "Pharmacists are now able to check discharge medication in advance of discharge. The electronic order function

reduces time spent transcribing orders and ensures legibility, therefore reducing adverse events known to result from the transcription process."

The e-toc system can also be used to aid drug history taking and medicines reconciliation if the patient is re-admitted to hospital. Patients receive a printed list of their medication, which includes an explanation of why medicines have been started and stopped, and any changes to existing treatment.

Ms Lewis received an award for promoting best practice in the use of IT to improve pharmaceutical services, sponsored by First Databank Europe.

Implementing e-prescribing

In order for a ward to be considered as a pilot site for electronic prescribing and medicines administration (EPMA), a diverse range of drugs must be prescribed on that ward, said Caroline Anderson, principal pharmacist in electronic prescribing at King's College Hospital, London.

Ms Anderson described the key considerations that need to be made when implementing EPMA. She said: "You need to look at an area in which you can capture different types of prescribing."

Other considerations should include the rate of patient turnover and the complete patient journey. Practical considerations include the location of the ward and resources available on the ward (e.g. wireless internet access).

Ms Anderson said it is important to carry out a pre-pilot assessment of the ward before beginning EPMA. She described the importance of understanding the types of drug charts a ward uses and the different staff groups which work on the ward.

"Training is probably one of the biggest burdens of EPMA," said Ms Anderson. She said much time is spent organising training and ensuring that all staff groups are trained. Twenty four-hour support is provided to the wards for one week after EPMA 'goes live', she added.

Ensuring good management of homecare

It is important to have a clear contractual relationship between the purchasing trust and the homecare provider, said Allan Karr, chairman of the National Homecare Medicines Committee.

Speaking at the Guild of Healthcare Pharmacists Procurement and Distribution Interest Group autumn symposium, Mr Karr said that issues that cause concern with homecare schemes include ensuring adherence to professional practice and clinical governance; the need for an agreed product list for homecare; and data management. "We also need to develop performance standards and audit arrangements," he said.

There are several governance and quality issues. "I think all homecare should be registered with trust governance procedures — I suspect that they are often not," he said.

The number of therapeutic areas for which homecare is applicable is growing and the market value is approaching £1bn.

Mr Karr pointed out that no specific member of the Department of Health, or of any other organisation, has responsibility for homecare management in their job description, but to move the scheme forward there is a need for people with specific roles and responsibilities.

Medicines supply problems

An increase in exports from UK pharmacies may be leading to medicines supply problems, said Paul Crowley, senior manager, supplier relations and services at IMS Health.

Mr Crowley said that there has been a 12% over-supply of drugs to UK markets in the past six months, but that drugs

estimated to be worth £35–£40m leave the UK from retail pharmacies each year. This is a result of the economic downturn, which has resulted in the UK being the cheapest market for imports in Europe and has led to a 50% reduction in imports to the UK from Europe. Mr Crowley highlighted the importance of not exporting at the expense of drug supply for UK patients. "This is not illegal but, morally, it is a different question," he said.

The joint Guild of Healthcare Pharmacists and UK Clinical Pharmacy Association IT Interest Group seminar was held in Birmingham on 11 November; and the GHP's Procurement and Distribution Interest Group symposium was held in Birmingham on 12 November.